

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90053 047 ***150.00

DOCUMENT # F93000002125

1. Entity Name
X-PRESS FREIGHT FORWARDERS INC.



Principal Place of Business
P.O. BOX 3557
CAROLINA
PUERTO RICO 00984

Mailing Address
P.O. BOX 3557
CAROLINA
PUERTO RICO 00984



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **66-0443506**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$875** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEGLER, MITCHELL W
300A WHARFSIDE WAY
SUITE 3104
JACKSONVILLE FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
VILANOVA, ERNESTO ☐ Delete
1223 LUCHETTI ST., ROMAN MANSIONS CNDO, #2N
CONDADO, PUERTO RICO 00927

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
VILANOVA, LIZA ☐ Delete
PASEO DE LAS FLORES SC 35
TRUJILLO ALTO, PUERTO RICO 00976

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
VILANOVA, IVONNE ☐ Delete
SUCHVILLE PARK, CARR #2, KM 17.6
GUAYNABO, PUERTO RICO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VILANOVA, IVONNE ☒ Change ☐ Addition
URB. ENCANTADA PASEO DE LAS FLORES
TRUJILLO ALTO, PUERTO RICO 00976

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AMGR
RODRIGUEZ, JULIO ☐ Delete
UBR SIERRA REAL 144
PUERTO RICO 00736

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CAYEY, PUERTO RICO 00736-9001 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/03 **Adm.** **Mgr.**

Date

Daytime Phone #

CR2E034 (10/02)

0991296 MB