

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2000 8:00 am  
Secretary of State

04-27-2000 90104 012 \*\*\*150.00

DOCUMENT # F97808

1. Entity Name

RYE EXPRESS INC.

Principal Place of Business

Mailing Address

6966 N.W. 50TH STREET  
MIAMI FL 33166-5632

6966 N.W. 50TH STREET  
MIAMI FL 33166-5632

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

59-2218971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARANA, BEATRIZ  
2127 BRICKELL AVE  
APT 2505  
MIAMI FL 33129-2147

1111 BRICKELL Bay Drive  
Apt # 3307  
Miami FL 33131

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARANA, VICTOR	
STREET ADDRESS	1643 BRICKELL AVE., APT 1905	
CITY-ST-ZIP	MIAMI FL 33129-2147	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BEATRIZ, ARANA	
STREET ADDRESS	1643 BRICKELL AVE., APT 1905	
CITY-ST-ZIP	MIAMI FL 33129-2147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ARANA, VICTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARANA, VICTOR	
STREET ADDRESS	1111 BRICKELL Bay Drive, Apt 3307	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	ARANA, Beatriz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARANA, Beatriz	
STREET ADDRESS	1111 BRICKELL Bay Drive, Apt. 3307	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date

305-592-9307

Daytime Phone #

CR2E034 (9/99)