

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001169

1. Entity Name

TRANSATLANTIC EXPRESS COURIER CORP.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90064 009 \*\*\*150.00

Principal Place of Business

Mailing Address

167-10 SOUTH CONDUIT AVE.. STE #206  
 JAMAICA NY 11434

167-10 SOUTH CONDUIT AVE.. STE #206  
 JAMAICA NY 11434-4811

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

13-3678750

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

MACKENZIE, ALESSANDRO  
 1715 NW 79TH AVE.  
 MIAMI FL 33126

Name

Mackenzie Alessandro

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

2100 Coral Way # 201

City

Miami

FL

Zip Code

33145

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.

Alessandro MacKenzie Pres

DATE

4/26/00

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PCD  
 MACKENZIE, ALESSANDRO  
 234 VISCAYA AVE  
 CORAL GABLES FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PCD  
 Mackenzie, Alessandro  
 2100 Coral Way # 201  
 Miami FL 33145 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VSTD  
 MACKENZIE, NICOLETTA  
 3610 HOLLAND COURT  
 WHEAT RIDGE CO ☐ 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

TITLE  
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TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alessandro MacKenzie 4/26/00

Date

Daytime Phone #

305-285-5122