

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H22025

1. Entity Name
AIRPORT COURIER SERVICE, INC.

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90056 046 ***150.00

Principal Place of Business

8500 SW 92ND STREET
#106
MIAMI FL 33156

Mailing Address

17842 SW 107 AVE
UNIT 25
MIAMI FL 33157
US

00013003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8249 NW 36th

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

116

City & State

MIAMI, FLA.

City & State

4. FEI Number

59-2505409

Applied For

Not Applicable

Zip

33166

Country

DADE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCEVOY, ROBERT LEE
8906 SW 150 NO. CT. CIR.
MIAMI FL 33196

7. Name and Address of New Registered Agent

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, 2002 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

TITLE NAME PVD
MCEVOY, ROBERT L.
STREET ADDRESS 17842 S 107 AVE., UNIT 25
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE NAME STD
MCEVOY, LUCY W.
STREET ADDRESS 17842 SW 107 AVE., UNIT 25
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)