

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J03409.

1. Entity Name

GENERAL EXPRESS MANAGEMENT CORPORATION

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90079 045 \*\*\*150.00

Principal Place of Business

7950 NW 14TH STREET  
MIAMI FL 33126

Mailing Address

P.O. BOX 65-0854  
MIAMI FL 33265-0854

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. BOX 37-0505

Suite, Apt. #, etc.

City & State

KEY LARGO, FLORIDA

Zip

33037-0505

Country

U.S.A.

4. FEI Number

59-2654878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CARROLL, GABRIEL  
11110 SW 36TH ST  
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

GABRIEL CARROLL

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

117 OCEAN SHORES DRIVE

City

KEY LARGO

FL

Zip Code

33037

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	CARROLL, GABRIEL	
STREET ADDRESS	11110 SW 36TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CARROLL, REBECA	
STREET ADDRESS	11110 SW 36TH ST	
CITY-ST-ZIP	MIAMI FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	117 OCEAN SHORES DRIVE	
CITY-ST-ZIP	KEY LARGO, FLORIDA 33037	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	117 OCEAN SHORES DRIVE	
CITY-ST-ZIP	KEY LARGO, FLORIDA 33037	
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:

*Rebecca Carroll*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18/2001  
Date

305 4519779  
Daytime Phone #

CR2E034 (10/00)