

5/21

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-21-2002 90890 030 ***150.00

DOCUMENT #

1. Entry Name

J46489**TAC EXPRESS, INC.****DO NOT WRITE IN THIS SPACE****35763**

1. Principal Place of Business 7215 NW 41 STREET		3. Mailing Address PO BOX 59-1392	
Suite, Apt. #, etc. BAY 1		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33166	Country USA	Zip 33159-1392	Country USA
4. FEI Number 592745568		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name MIGUEL J. CANAL			
Street Address (P.O. Box Number is Not Acceptable) 7215 NW 41 STREET UNIT 1			
City MIAMI		FL	Zip Code 33166

**DO NOT WRITE
IN THIS SPACE**

I, 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 **MIGUEL J. CANAL****4/30/02**

DATE

3. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees****1. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MIGUEL J. CANAL 155 OCEAN LANE DR #611 KEY BISCAYNE, FL 33149	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

3. 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 1) or on an attachment with an address, with all other like empowered.

SIGNATURE: **MIGUEL J. CANAL****04/30/02****305 470-7590**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #