

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K23896

1. Entity Name

PREFERRED COURIER SERVICES, INC.

R

FILED  
Jul 18, 2000 8:00 am  
Secretary of State

07-18-2000 90088 018 \*\*\*150.00

Principal Place of Business

3869 SW 99 AVE  
#4  
MIAMI FL 33165  
US

Mailing Address

P O BOX 55-8155  
MIAMI FL 33255  
US

A0068112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0047344

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GARCIA, ALEJANDRO M.  
3869 SW 99 AVE  
BLDG 3 -STE 4  
MIAMI FL 33165

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
DP  
GARCIA, ALEJANDRO M.  
3869 SW 99 AVE #3-4  
MIAMI FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
GARCIA, ALEJANDRO H.  
3869 SW 99 AVENUE #3-5  
MIAMI FL ☐ Delete

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

TITLE  
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00

305-551-1555  
Daytime Phone #

CR2 EX14 1/00

K23896

AC068112



7/10/00

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: Uniform Business Report Document # K23896

Dear Katherine Harris,

Enclosed please find check for the filing of the Uniform Business Report for the amount of \$150.00. I never received the first notice. As your records may reflect I have always paid my fees on time since being incorporated in May of 1988. I ask that you please consider waiving the late fee and accept my payment sent to you by priority mail. Thank you for your understanding in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "Alex Garcia", written over the word "Sincerely,".

Alex Garcia  
President  
Preferred Courier Services, Inc.