

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2003 8:00 am
Secretary of State

07-02-2003 90009 041 ***150.00

DOCUMENT # K81637

1. Entity Name
ART EXPRESS SERVICES, INC.



Principal Place of Business

C/O ARTURO AYALA
4280 SW 149 COURT
MIAMI, FL 33185

Mailing Address

C/O ARTURO AYALA
4280 SW 149 COURT
MIAMI, FL 33185

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0112695

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

AYALA, ARTURO
4280 SW 149 COURT
MIAMI, FL 33185

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYALA, ARTURO 4280 SW 149 COURT MIAMI, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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 #

CP2E034 (10/02)

Attachment
80128156
HK81637

Subj: **RE: Uniform Business Report Filing**
Date: 6/11/2003 8:39:43 AM Eastern Daylight Time
From: corphelp@dos.state.fl.us
To: LilGir841@aol.com
Sent from the Internet (Details)

If you do not have the UBRs mailed in January, please download the forms on our website and mail them in today. Please include a check for \$150.00 each and two notes explaining that you did not receive the preprinted forms. Uniform business reports can be downloaded from our webpage at www.sunbiz.org. Click on "Download Filing Forms." Select "Florida Corporations (Profit and NonProfit)" and then select "Profit Uniform Business Report/Annual Report" or "NonProfit Uniform Business Report/Annual Report."

Doug

Internet Access

-----Original Message-----

From: LilGir841@aol.com [mailto:LilGir841@aol.com]

Sent: Tuesday, June 10, 2003 5:00 PM

To: corphelp@mail.dos.state.fl.us

Subject: Uniform Business Report Filing

Dear Sirs,

Please be advised I have not received the filing forms to complete and mail payment that your institution promised. Please provide forms immediately. I do not want to be penalized for the delay.

Name: CV Joint Exchange Corporation
F.E.I. # 65-0470244

Name: Art Express Services
F.E.I. # 65-0112695

Mailing Address: 4280 S.W. 149th Court
Miami, Florida 33185

I appreciate your prompt attention if you should have any questions you could reach me at (305) 220-6200 or (786) 367-0131.

Thank you for your cooperation.

Arturo Ayala