

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **L00000003013**

1. Entity Name

VENEUSA EXPRESS, L.C.

01 MAY -1 PM 6:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5580 NW 84TH AVENUE
MIAMI, FL 33166

2. Principal Place of Business

5580 NW 84TH AVENUE

3. Mailing Address

199 SW 12TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 11

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1015937

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33130-1056

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FELDENKRAIS & ASSOCIATES, PA
MICHAEL FELDENKRAIS, ESQ.
290 NW 165TH STREET
MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name

JORGE E. OYARCE

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

% JE OYARCE & ASSOCIATES, ACCOUNTING OFFI

199 SW 12TH AVENUE, STE. 11

City

MIAMI

FL

Zip Code

33130-1056

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

JORGE E. OYARCE

4/23/01

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM DIAZ RAMON ☐ Delete
NAME
STREET ADDRESS 5580 NW 84TH AVENUE
CITY-ST-ZIP MIAMI, FL 33166

TITLE MGRM DIAZ, TONY ☐ Delete
NAME
STREET ADDRESS 5580 NW 84TH AVENUE
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

1. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Tony Diaz*

TONY DIAZ, MGRM

4/23/01 305-324-2248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #