

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000003613**

1. Entity Name

VENEUSA EXPRESS, L.C.

Principal Place of Business

**5580 NW 84TH AVENUE
MIAMI FL 33166**

Mailing Address

**199 SW 12TH AVE., STE. 11
MIAMI FL 33130-1056**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**OYARCE, JORGE E
199 SW 12TH AVE., STE. 11
JE OYARCE & ASSOCIATES
MIAMI FL 33130-1056**

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RAMON, DIAZ	
STREET ADDRESS	5580 NW 84TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DIAZ, TONY	
STREET ADDRESS	5580 NW 84TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	

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
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STREET ADDRESS		
CITY-ST-ZIP		

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

10. ADDITIONS/CHANGES

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
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STREET ADDRESS		
CITY-ST-ZIP		

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

11. 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* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/22/02

Date

305-324-2248

Daytime Phone #

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90267 036 ****50.00

967115

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1015937**
Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

CR2E083 (9/01)