

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0027979 AF

DOCUMENT # L00000010580

1. Entity Name
EXCEL INTERNATIONAL COURIER, L.L.C.

01 MAY -1 PM 6:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10423 NW 35TH PLACE
MIAMI FL 33147

Mailing Address
10423 NW 35TH PLACE
MIAMI FL 33147



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10423 NW 35TH PL

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
65-1036146

Applied For
Not Applicable

Zip
33147

Country
USA

Zip
33130-1056

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAINIZ, ROBERTO
10423 NW 35TH PLACE
MIAMI FL 33147

7. Name and Address of New Registered Agent

Name JE OYARCE & Associates, Accounting Offices

Street Address (P.O. Box Number is Not Acceptable)
% Jorge E. Oyarce

199 SW 12TH AVENUE, SUITE 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 person or persons who are 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
NAME LAINIZ, ROBERTO
STREET ADDRESS 10423 NW 35TH PLACE
CITY-ST-ZIP MIAMI FL 33147 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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:

4/23/01

4/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MAN/GER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)