

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011760

1. Entity Name

MARKETING EXPRESS CO. LLC

Principal Place of Business

3326 MARY ST., STE. 603  
COCONUT GROVE FL 33133

Mailing Address

3326 MARY ST., STE. 603  
COCONUT GROVE FL 33133

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2665 South Bayshore Drive

Suite, Apt. #, etc.

Suite 703

City & State

Miami, Florida

Zip

33133

Country

USA

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC.  
2665 SOUTH BAYSHORE DR., STE. 703  
MIAMI FL 33133

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)

100004423421--8

05/18/01 DATE 01005-022

\*\*\*\*\*50.00, \*\*\*\*\*50.00

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE MGR ☒ Delete  
NAME NARANJO, EDUARDO  
STREET ADDRESS 3326 MARY ST., STE. 603  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE MGR ☒ Delete  
NAME NAVARRO, CARLOS M  
STREET ADDRESS 3326 MARY ST., STE. 603  
CITY-ST-ZIP COCONUT GROVE FL 33133

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 MGR ☐ Change ☒ Addition  
NAME Copper Management, Inc., a Florida corp.  
STREET ADDRESS 3326 Mary Street, Suite 603  
CITY-ST-ZIP Miami, Florida 33133

TITLE MGR ☐ Change ☒ Addition  
NAME Lapis Management, Inc., a Florida corp.  
STREET ADDRESS 3326 Mary Street, Suite 603  
CITY-ST-ZIP Miami, Florida 33133

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

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

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

TITLE ☐ Change ☐ 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: Anthony Ocampo 4/27/01 (305) 444-3177

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

Date

Daytime Phone #

FILED  
01 MAY 17 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)