

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90041 042 ****50.00

DOCUMENT # L00000014150

1. Entity Name

XPRESS PAPER, LLC

Principal Place of Business

**3575 N.W. 60TH ST.
 MIAMI FL 33142**

Mailing Address

**3575 N.W. 60TH ST.
 MIAMI FL 33142**

2. Principal Place of Business

9107 N.W. 105 Circle

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Medley, FL

City & State

same

Zip

33178

Country

U.S.A.

Zip

same

Country

same

4. FEI Number

65-1070380

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GASTESI, RAUL JR
 15600 NW 67TH AVE
 SUITE 308
 MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent

Name
Thelma A. Grifol
 Street Address (P.O. Box Number is Not Acceptable)
9107 NW 105 Circle
 City
Medley FL Zip Code
33178

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

Thelma A. Grifol

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	PRES	<input type="checkbox"/> Delete
NAME	GOMEZ, OSVALDO R	
STREET ADDRESS	3575 N.W. 60TH ST.	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DESCHAMPS, CLAUDE	
STREET ADDRESS	3575 N.W. 60TH ST.	
CITY - ST - ZIP	MIAMI FL 33142	
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
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9107 NW 105 Circle	
CITY - ST - ZIP	medley, FL 33178	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9107 NW 105 Circle	
CITY - ST - ZIP	medley, FL 33178	
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
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

OSVALDO R GOMEZ

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

2/5/02

(305)

883-1189

Date

Daytime Phone #

CR2E083 (9/01)

0031266