

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014383

1. Entity Name  
MARKETING EXPRESS INTERNATIONAL 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

3. Mailing Address  
2665 South Bayshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Suite 703

City & State

City & State  
Miami, Florida

Zip

Country

Zip  
33133

Country  
USA

4. FEI Number  
65-1062077

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Navarro, Carlos Mauricio  
3326 Mary Street, Suite 603  
Miami, Florida 33133 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ 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:

*Eduardo Naranjo*

SIGNATURE REQUIRED

Eduardo Naranjo 4/27/01 (305) 444-3177

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

Date

Daytime Phone #

APPROVED  
AND  
FILED

01 MAY -3 AM 10:28

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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