

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90040 016 \*\*\*\*\*50.00

**DOCUMENT # L02000023862**

1. Entity Name

**LATINO EXPRESS INTERNATIONAL COURIERS, LLC.**



Principal Place of Business

1725 MAIN STREET, SUITE 205  
WESTON FL 33326

1729

Mailing Address

1725 MAIN STREET, SUITE 205  
WESTON FL 33326

2. Principal Place of Business

1729 E. Silver Spring Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite A

City & State

OCALA FL

City & State

Zip

34470

Country

Zip

Country

4. FEI Number

72-1535169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

TOVAR, ILEANA ARIAS ESQ.  
1725 MAIN STREET, SUITE 205  
WESTON FL 33326

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☒ Delete

MGR  
DIAZ, BLANCA D  
1725 MAIN STREET, SUITE 205  
WESTON FL 33326

TITLE NAME ☐ Delete

MGR  
ROLANDO, JULIA  
1725 MAIN STREET, SUITE 205  
WESTON FL 33326

TITLE NAME ☒ Delete

MGR  
NUNEZ, GUIONAR  
1725 MAIN STREET, SUITE 205  
WESTON FL 33326

TITLE NAME ☒ Delete

MGR  
NUNEZ, CAROLINA  
1725 MAIN STREET, SUITE 205  
WESTON FL 33326

TITLE NAME ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition

MGR  
DOMINGO CARNEVALI  
1729 E SILVER SPRING BLVD.  
OCALA, FL 34470

TITLE NAME ☒ Change ☐ Addition

MGR  
ROLANDO, JULIA  
1729 E SILVER SPRING BLVD.  
OCALA, FL 34470

TITLE NAME ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE  
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:

*JULIA ROLANDO* 3/18/03 (852) 629-6999

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

Date

Daytime Phone #

CR2E083 (10/02)