

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/19/2003-90064-036-\$50.00-\$50.00

0016581

DOCUMENT # L02000024350

1. Entity Name

US MULTIEXPRESS II LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 29 PM 2:57

W 10/06

Principal Place of Business
1953 WEST MARTIN LUTHER KING BLVD.
TAMPA FL 33607

Mailing Address
1953 WEST MARTIN LUTHER KING BLVD.
TAMPA FL 33607

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **74-3061612** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GAMBOA, CESAR R
1953 WEST MARTIN LUTHER KING BLVD.
TAMPA FL 33607

7. Name and Address of New Registered Agent
Name **Edwin Arcila**
Street Address (P.O. Box Number is Not Acceptable)
16808 Landings Pointe Lane Apt 101
City **Tampa FL** Zip Code **33624**

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 **Edwin Arcila**

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 September 24, 2003

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|------------------------------|------------------------------------|--|-----------------------|------|---|
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | Edwin Arcila | | STREET ADDRESS | | |
| CITY-ST-ZIP | 16808 Landings Pointe Lane Apt 101 | | CITY-ST-ZIP | | |
| | Tampa FL 33624 | | | | |
| TITLE | NAME | <input checked="" type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | Cesar Gamboa R | | STREET ADDRESS | | |
| CITY-ST-ZIP | 1953 W. Martin Luther King Blvd | | CITY-ST-ZIP | | |
| | Tampa FL 33607 | | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: **Edwin Arcila**

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

09-15-03

Date

813-3500292

Daytime Phone #

CR2E083 (4/03)