

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L48483

1. Entity Name

HONDURAS EXPRESS MULTI-SERVICES, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90045 011 ***150.00

Principal Place of Business

Mailing Address

14 N.E. 1 AVE
406
MIAMI FL 33132
US

14 N.E. 1 AVE
406
MIAMI FL 33132-2404
US

2. Principal Place of Business

Honduras Express

3. Mailing Address

14 N.E. 1 Ave.

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

301

City & State

Miami FL

City & State

Miami

Zip

33132

Country

US

Zip

33132

Country

FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0187668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAVENAU, JORGE W
14 N.E. 1 AVE
SUITE 406
MIAMI FL 33132

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RAVENAU, JORGE W	
STREET ADDRESS	14 N.E. 1ST AVENUE, SUITE 301	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAVENEAU, SUYAPA	
STREET ADDRESS	14 N.E. 1ST AVENUE, SUITE 301	
CITY-ST-ZIP	MIAMI FL 33132	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Presidente	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jorge Raveau	
STREET ADDRESS	14 N.E. 1st. Ave. suite 301	
CITY-ST-ZIP	Miami FL. 33132	
TITLE	Secretaria	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raveneau Suyapa	
STREET ADDRESS	14 N.E. 1st. Ave. suite 301	
CITY-ST-ZIP	Miami FL. 33132	
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		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17/2000

Date

305.371-60-26

Daytime Phone #