

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
 05-19-2000 90005 008 ***150.00

DOCUMENT # L64854
 1. Entity Name
AIR BUSINESS COURIER OF MIAMI - ABC EXPRESS, INC

Principal Place of Business Mailing Address
8600 NW 30 TERRACE **8600 NW 30 TERRACE**
MIAMI FL 33122 **MIAMI FL 33122**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

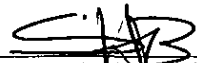
4. FEI Number
65-0188111
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HERNANDEZ SERGIO
8600 NW 30 TERRACE
MIAMI FL 33122

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.

SIGNATURE  **President** **05-01-00**
 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			
TITLE	P	<input type="checkbox"/> Delete	
NAME	HERNANDEZ SERGIO		
STREET ADDRESS	8600 NW 30 TERRACE		
CITY-ST-ZIP	MIAMI FL 33122		
TITLE	CDP	<input type="checkbox"/> Delete	
NAME	CANAL OMAR BOTERO		
STREET ADDRESS	8600 NW 30 TERRACE		
CITY-ST-ZIP	MIAMI FL 33122		
TITLE	DVP	<input type="checkbox"/> Delete	
NAME	HERNANDEZ HECTOR		
STREET ADDRESS	8600 NW 30 TERRACE		
CITY-ST-ZIP	MIAMI FL 33122		
TITLE	DS	<input type="checkbox"/> Delete	
NAME	BOTERO PARANO OMAR		
STREET ADDRESS	8600 NW 30 TERRACE		
CITY-ST-ZIP	MIAMI FL 33122		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANAL OMAR BOTERO		
STREET ADDRESS	8600 NW 30 TERRACE		
CITY-ST-ZIP	MIAMI FL 33122		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOTERO PARANO OMAR		
STREET ADDRESS	8600 NW 30 TERRACE		
CITY-ST-ZIP	MIAMI FL 33122		
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:  **05-01-00 (305) 5913338**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)