

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **179514** ✓

1. Entity Name

RAM EXPRESS COURIER, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90039 021 ***158.75

Principal Place of Business

6980 N.W. 43 ST.
Miami, Florida
33166

Mailing Address

P.O. Box 521083
Miami, Florida
33152

2. Principal Place of Business

6980 N.W. 43 ST.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 521083
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida
Zip **33166** Country **Dade**

City & State

Miami, Florida
Zip **33152** Country **Dade**

4. FEI Number

05-0200445

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

Name

Raisa Cuenca

Street Address (P.O. Box Number is Not Acceptable)

5940 S.W. 13 Street

City

Miami

FL

Zip Code

33144

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

Raisa Cuenca **Raisa Cuenca - Pres.** **3-16-00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete
NAME **Cuenca, Raisa**
STREET ADDRESS **5940 S.W. 13 Street**
CITY-ST-ZIP **Miami, Fl. 33144**

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

TITLE **Vice President** ☐ Delete
NAME **Cuenca, Amado**
STREET ADDRESS **5940 S.W. 13 Street**
CITY-ST-ZIP **Miami, Fl. 33144**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Raisa Cuenca

3/16/00

Date

(305) 599-0675

Daytime Phone #

CR2E034 (9/99)