

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL 19 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L95000000379

1. Entity Name

A.R. EXPRESS COURIER SERVICE, L.C.

Principal Place of Business

8020 N.W. 68 STREET  
MIAMI FL 33166

Mailing Address

8020 N.W. 68 STREET  
MIAMI FL 33166

2. Principal Place of Business

6993 NW 82ND AVE

Suite, Apt. #, etc.

BAY 26

City & State

MIAMI, FL

Zip

33166

Country

USA

3. Mailing Address

6993 NW 82ND AVE

Suite, Apt. #, etc.

BAY 26

City & State

MIAMI, FL

Zip

33166

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0586667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AGUIRRE, LUIS

8020 N.W. 68 STREET  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

AGUIRRE, LUIS

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

6993 NW 82ND AVE

BAY #26

City

MIAMI

FL

Zip Code

33166

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)

7/13/00  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM AGUIRRE, LUIS ☒ Delete  
STREET ADDRESS 8020 N.W. 68 STREET  
CITY-ST-ZIP MIAMI FL 33166

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM AGUIRRE, LUIS ☒ Change ☐ Addition  
STREET ADDRESS 6993 NW 82ND AVE, BAY #26  
CITY-ST-ZIP MIAMI, FL 33166

TITLE NAME 500003335215 ☐ Change ☐ Addition  
STREET ADDRESS -07/25/00--01060--011  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7/13/00

365-7159640

CR2E083 (5/00)