

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008252

AF

DOCUMENT # **L97000000059**

1. Entity Name

**CENTRAL EXPRESS, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR -7 PM 1:36

Principal Place of Business

2172 N.W. 7TH STREET  
MIAMI FL 33125

Mailing Address

2172 N.W. 7TH STREET  
MIAMI FL 33125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0718819

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.  
1221 BRICKELL AVE.  
SUITE 900  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

**Alicia Duarte**

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

**2172 NW 7th St**

City

**Miami,**

FL

Zip Code

**33125**

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

**01-26-01**

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

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**CHANG, JOSE ERNESTO L**  
**2212 BEVERLY BLVD**  
**LOS ANGELES VA 90057**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**NIEMBRO, RAFAEL**  
**2172 N.W. 7TH STREET**  
**MIAMI FL 33125**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

**900003908149--3**  
**-03/23/01--01096--010**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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

Date

Daytime Phone #

**01-26-01 (305) 642-6787**

CR2E083 (11/00)