## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

## **Secretary of State** M20288 **DOCUMENT #** 01-27-2003 90154 006 \*\*\*150.00 1. Entity Name MIAMI EXPRESS DELIVERY SERVICES, INC. Principal Place of Business Mailing Address 6240 PENT PL 6240 PENT PL 60010345 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2578391 Not Applicable Zip 🚦 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, CARLOS Street Address (P.O. Box Number is Not Acceptable) 6240 PENT PL MAIMI LAKES FL 33014 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/02) TITLE ☐ Delete TITLE Change Addition GARCIA, CARLOS NAME NAME 6240 PENT PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33014 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME gil, ana NAME STREET ADDRESS 16240 PENT PL STREET ADDRESS CITY-ST-ZIP MIAMI FL 33014 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 in name appears in Block 10 or Block 11 if

**FILED** 

Jan 27, 2003 8:00 am

## Hachment

Form	J-EZ		• •	r's Annual Fed ent (FUTA) Tax	N. I.	20288	OMB No. 1545-11
Department of the	(1) Treasury	   ET CO 36:		See separate Instruction	ns for Form 940-EZ	2	2002
nternal Revenue S		FI 59-25	ורנפי	for information on comp	oleting this form.		-
If incorrect,		DEC5005					FF FD
make any necessary changes.	) J	CORP 6240 PE		RY SERVICES 4-2304		I	FP T
	<u> </u>						
Answer the o	uestions u		Use Form 940-EZ on p		use Form 940-EZ.	vou must use	e Form 940
		=	your state unemployment t	- ·		\$	ين السيمة منته يناوي
		•	you have to pay contribution			Flo	NIGA
			as shown ол your state un			<u> </u>	8179-4
		<del></del>	iture, check here (see Wh				gn the return. 🕨
			(see Amended Returns o	n page 2 of the separate	instructions)	· · · · ·	<u> </u>
		Vages and FU			<del></del>	<del></del>	19711111
			own on lines 2 and 3) during		vices of employees	_1	
			payments, attaching add				
if necess	ary.) ▶			2			
- 1	of more tha	ın \$7,000 for service	s. Enter only amounts over t	he first \$7.000	4.4	_  ///////	
a of bica	ach employe	o (see senarate in		1 4 1	123249	'   <i>'      </i>	
		e. (see separate in	structions)	1 4 1	123249	4	123249
4 Add lines	2 and 3		structions)	3	123249	1 . 1 . 1	123249 +4170
<ul><li>4 Add lines</li><li>5 Total tax</li><li>6 FUTA tax</li></ul>	2 and 3 able wage Multiply th	s (subtract line 4 fi e wages on line 5 b	rom line 1)	e result is over \$100, also	complete Part II.)	4 1	477 437 437
4 Add lines 5 Total tax 6 FUTA tax 7 Total FU 8 Balance	; 2 and 3 able wage . Multiply th TA tax depo due (subtrac	s (subtract line 4 fi e wages on line 5 b osited for the year, tt line 7 from line 6).	rom line 1)	e result is over \$100, also nt applied from a prior ye Treasury."	complete Part II.)	5 6	437 437 437 437
<ul> <li>4 Add lines</li> <li>5 Total tax</li> <li>6 FUTA tax</li> <li>7 Total FU</li> <li>8 Balance If you ow</li> </ul>	s 2 and 3 sable wage s. Multiply th TA tax depo due (subtrace re more tha	s (subtract line 4 fi e wages on line 5 b osited for the year, ct line 7 from line 6). in \$100, see <b>Depo</b>	rom line 1)	e result is over \$100, also nt applied from a prior ye Treasury."	o complete Part II.)	5 6 7	23249 44170 437 437
4 Add lines 5 Total ta 6 FUTA ta 7 Total FU 8 Balance If you ow 9 Overpays	able wage Multiply th TA tax depo due (subtrace or more that ment (subtrace	s (subtract line 4 fi e wages on line 5 b osited for the year, ct line 7 from line 6), in \$100, see <b>Depo</b> act line 6 from line 7	rom line 1)  y .008 and enter here. (If the including any overpayment Pay to the "United States siting FUTA tax in separa ). Check if it is to be:	e result is over \$100, also not applied from a prior ye Treasury." te instructions.  Applied to next return or	o complete Part II.) ear	4 5 6 7 8 9	y if line 6 is over \$1
4 Add lines 5 Total ta 6 FUTA ta 7 Total FU 8 Balance If you ow 9 Overpays	s 2 and 3 sable wage Multiply th TA tax depodue (subtrace we more that ment (subtra Record o	s (subtract line 4 fi e wages on line 5 b osited for the year, ct line 7 from line 6), in \$100, see <b>Depo</b> act line 6 from line 7	rom line 1)  y .008 and enter here. (If the including any overpayment Pay to the "United States siting FUTA tax in separate). Check if it is to be:	e result is over \$100, also nt applied from a prior ye Treasury." te instructions. Applied to next return or It Tax Liability (Do no	complete Part II.) ear	4 5 6 7 8 9 9 Complete only	y if line 6 is over \$1  Total for year
4 Add lines 5 Total tax 6 FUTA tax 7 Total FU 8 Balance If you ow 9 Overpays Part II	s 2 and 3 sable wage s. Multiply th TA tax depo due (subtrac re more tha ment (subtra Record o	s (subtract line 4 fi e wages on line 5 b posited for the year, ct line 7 from line 6). in \$100, see <b>Depo</b> act line 6 from line 7 f <b>Quarterly Fe</b>	rom line 1)  y .008 and enter here. (If the including any overpayment Pay to the "United States siting FUTA tax in separa ). Check if it is to be:	e result is over \$100, also not applied from a prior ye Treasury." te instructions.  Applied to next return or	o complete Part II.) ear	4 5 6 7 8 9 9 Complete only	
4 Add lines 5 Total tax 6 FUTA tax 7 Total FU 8 Balance If you ov 9 Overpay Part II Quarter Liability for quar	s 2 and 3  (able wage  (b) Multiply the star depoind of the subtractive more than the subtractive form of the subtractive form of the subtractive subt	s (subtract line 4 fi e wages on line 5 b osited for the year, ct line 7 from line 6). in \$100, see <b>Depo</b> act line 6 from line 7 <b>f Quarterly Fe</b> (Jan. 1 – Mar. 31)	rom line 1)  y .008 and enter here. (If the including any overpayment Pay to the "United States sitting FUTA tax in separate). Check if it is to be:    Check if it is to be:   Check   Check	e result is over \$100, also not applied from a prior ye treasury."  te instructions.  Applied to next return or the trax Liability (Do not the tray of	Refunded tinclude state liability  Fourth (Oct. 1 – De	4   5   6   7   8   9   .) Complete only ec. 31)	Total for year
4 Add lines 5 Total tax 6 FUTA tax 7 Total FU 8 Balance If you ow 9 Overpay Part II Quarter Liability for quar	s 2 and 3 xable wage . Multiply th TA tax depordue (subtractive more than ment (subtractive first er  Do you v	s (subtract line 4 fi e wages on line 5 b osited for the year, ct line 7 from line 6). in \$100, see <b>Depo</b> - ict line 6 from line 7 <b>f Quarterly Fe</b> (Jan. 1 – Mar. 31) want to allow another	rom line 1)	e result is over \$100, also at applied from a prior ye Treasury." te instructions.  Applied to next return or Third (July 1 - Sept. 30)  with the IRS (see instructions)	Complete Part II.)  Par  Refunded ►  t include state liability Fourth (Oct. 1 – De  20 - 4  s page 5)? Yes.	4 5 6 7 8 9) Complete only ac. 31) / Complete the folioning of the complete only ac. 31)	Total for year  4 3 3 - 3 C  fowing.  No
4 Add lines 5 Total tax 6 FUTA tax 7 Total FU 8 Balance If you ow 9 Overpay Part II	s 2 and 3  (able wage  (b) Multiply the star depoind of the subtractive more than the subtractive form of the subtractive form of the subtractive subt	s (subtract line 4 fi e wages on line 5 b osited for the year, ct line 7 from line 6). in \$100, see <b>Depo</b> - ict line 6 from line 7 <b>f Quarterly Fe</b> (Jan. 1 – Mar. 31) want to allow another	rom line 1)  y .008 and enter here. (If the including any overpayment Pay to the "United States siting FUTA tax in separa content of the including in the including and overpayment in the including and overpayment in the including second (Apr. 1 – June 30)  g g g g g g g g g g g g g g g g g g g	e result is over \$100, also not applied from a prior ye treasury."  te instructions.  Applied to next return or the trax Liability (Do not the tray of	Dear	4   5   6   7   8   9   .) Complete only ec. 31)	Total for year  433.30  fowing. No
4 Add lines 5 Total tax 6 FUTA tax 7 Total FU 8 Balance If you ow 9 Overpaye Part II Quarter Liability for quart Third Party Designee	s 2 and 3  (able wage  (able wage  (butter)  (continue)  (continue	s (subtract line 4 fine wages on line 5 bosited for the year, et line 7 from line 6). In \$100, see Depond line 6 from line 7 f Quarterly Ferus (Jan. 1 - Mar. 31). It want to allow another its	rom line 1)  y .008 and enter here. (If the including any overpayment Pay to the "United States siting FUTA tax in separa content of the including in the including and overpayment in the including and overpayment in the including second (Apr. 1 – June 30)  g g g g g g g g g g g g g g g g g g g	e result is over \$100, also at applied from a prior yes treasury."  It instructions.  Applied to next return or at Tax Liability (Do not Third (July 1 - Sept. 30)  with the IRS (see instructions Phone no.    ()	Refunded to include state liability Fourth (Oct. 1 – De V Yes. Personumb	4 5 6 7 8 9) Complete only ec. 31) Complete the folional identification per (PIN)	Total for year
4 Add lines 5 Total tax 6 FUTA tax 7 Total FU 8 Balance If you ow 9 Overpays Part II Quarter Liability for quart Inird Party Designee Under penalties	s 2 and 3  (able wage  (able wage  (bubtract  (component (subtract  (subtract	s (subtract line 4 file e wages on line 5 bosited for the year, et line 7 from line 6). In \$100, see <b>Depo</b> nd time 6 from line 7 file Quarterly Fe (Jan. 1 - Mar. 31). Want to allow another is beclare that I have expended to the second of th	rom line 1)  y .008 and enter here. (If the including any overpayment Pay to the "United States" siting FUTA tax in separate). Check if it is to be:    Check if it is to be:	e result is over \$100, also nt applied from a prior ye Treasury."  te instructions.  Applied to next return or IT Tax Liability (Do no Third (July 1 - Sept. 30)  with the IRS (see instructions Phone no.  ()  accompanying schedules ar	Refunded to include state liability Fourth (Oct. 1 – De 20 - Yes. Personumb	4 5 6 7 8 9) Complete only ec. 31) Complete the folional identification per (PIN) the best of my k	Total for year  Y J · No  Nowing. No  Inowledge and belief
4 Add lines 5 Total tax 6 FUTA tax 7 Total FU 8 Balance If you ow 9 Overpay Part II Quarter Liability for quart Third Party Designee Under penalties True, correct, and	s 2 and 3 xable wage x Multiply th TA tax deport due (subtract re more that ment (subt	s (subtract line 4 fine wages on line 5 bosited for the year, at line 7 from line 6). In \$100, see Depoint line 6 from line 7 f Quarterly Fer (Jan. 1 - Mar. 31). It want to allow another the declare that I have expected that no part of any	rom line 1)  y .008 and enter here. (If the including any overpayment Pay to the "United States siting FUTA tax in separa conditions of the separa	e result is over \$100, also at applied from a prior ye Treasury."  te instructions.  Applied to next return or It Tax Liability (Do no Third (July 1 - Sept. 30)  with the IRS (see instructions accompanying schedules are proported as a	Refunded to include state liability Fourth (Oct. 1 – De 20 - Yes. Personumb	4 5 6 7 8 9) Complete only ec. 31) Complete the folional identification per (PIN) the best of my k	Total for year  Y J · No  Nowing. No  Inowledge and belief,
4 Add lines 5 Total tax 6 FUTA tax 7 Total FU 8 Balance If you ow 9 Overpaye Part II Quarter Liability for quart Ihird Party Designee	able wage a Multiply the TA tax deporation of the control of the c	s (subtract line 4 fine wages on line 5 bosited for the year, at line 7 from line 6). In \$100, see Depoint line 6 from line 7 f Quarterly Fer (Jan. 1 - Mar. 31). It want to allow another the declare that I have expected that no part of any	rom line 1)  y .008 and enter here. (If the including any overpayment Pay to the "United States siting FUTA tax in separa a). Check if it is to be:  deral Unemployment  Second (Apr. 1 – June 30)  person to discuss this return person to discuss this return payment made to a state unenter the control of the	e result is over \$100, also at applied from a prior ye Treasury."  te instructions.  Applied to next return or It Tax Liability (Do no Third (July 1 - Sept. 30)  with the IRS (see instructions accompanying schedules are proported as a	Refunded to include state liability Fourth (Oct. 1 – De Yes. Personumble of statements, and, to credit was, or is to be, include statements.	4 5 6 7 8 9 Complete only ec. 31) Complete the folional identification per (PIN) the best of my keeducted from the	Total for year  10 No  No  Nowledge and belief, e payments to employ
4 Add lines 5 Total tax 6 FUTA tax 7 Total FU 8 Balance If you ow 9 Overpaye Quarter Liability for quant Third Party Designee Under penalties rue, correct, and	able wage a Multiply the TA tax deporting that the more than the more th	s (subtract line 4 fi e wages on line 5 b posited for the year, et line 7 from line 6), in \$100, see <b>Depo</b> lect line 6 from line 7 <b>f Quarterly Fe</b> (Jan. 1 – Mar. 31) want to allow another is bedeclare that I have ex and that no part of any	rom line 1)  y .008 and enter here. (If the including any overpayment Pay to the "United States siting FUTA tax in separa ). Check if it is to be:  deral Unemployment Second (Apr. 1 – June 30)  person to discuss this return payment made to a state unent or Reduction Act Notice.  OMB No. 1545-11	e result is over \$100, also not applied from a prior ye Treasury." te instructions.  Applied to next return or It Tax Liability (Do not Third (July 1 - Sept. 30)  with the IRS (see instructions Phone on	Refunded to include state liability Fourth (Oct. 1 – De Yes. Personumble of statements, and, to credit was, or is to be, include statements.	4   5   6   7   8   9   9   1   1   1   1   1   1   1   1	Total for year  Y J
Add fines Total tax FUTA tax Total FU Balance If you ow Overpaye Quarter Liability for quant Third Party Designee Under penalties rue, correct, and Signature. Use this Do not so Make you	able wage a Multiply the TA tax deporting the more than ment (subtractive more than ment (subtractive more than ment (subtractive more)  Do you volume of perjury, to complete an ame of perjury to complete	s (subtract line 4 file e wages on line 5 bosited for the year, et line 7 from line 6). In \$100, see Depoint line 6 from line 7 f Quarterly Fellowant to allow another want to allow another by the separate firstructions.  Trivacy Act and Paperwale separate firstructions.  The Trivacy Act and Paperwale separate firstructions.  The Trivacy Act and Paperwale separate firstructions.	rom line 1)  y .008 and enter here. (If the including any overpayment Pay to the "United States siting FUTA tax in separa). Check if it is to be: deral Unemployment Second (Apr. 1 – June 30)  person to discuss this return payment made to a state unenter the country or Reduction Act Notice,  OMB No. 1545-11	e result is over \$100, also not applied from a prior ye Treasury."  te instructions.  Applied to next return or Int Tax Liability (Do not Introduced Intro	Refunded to include state liability Fourth (Oct. 1 – De resent of statements, and, to credit was, or is to be, to credit was, or is to credit was, or is to be, to credit was, or is to credit was, or	4   5   6   7   8   9   9   1   1   1   1   1   1   1   1	Total for year  Y  iowing. No  No  nowledge and belief, e payments to employ  Form 940-EZ (2

MIAMI EXPRESS DELIVERY SERVICES
CORP
6240 PENT PL
MIAMI LAKES FL 33014-2304

INTERNAL REVENUE SERVICE P.O. BOX 66031 DALLAS TX 75266-0351