

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90086 045 ***150.00

DOCUMENT # M26015

1. Entity Name

RICHARD'S BAGGAGE EXPRESS, INC.

RICHARDS BAGGAGE EXPRESS, INC.

Principal Place of Business

Mailing Address

C/O RONALD C. PATHMAN
8900 S.W. 107TH AVE., S-206
MIAMI FL 33176

C/O RONALD C. PATHMAN
8900 S.W. 107TH AVE., S-206
MIAMI FL 33176

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 59-2637150

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

PATHMAN, RONALD C., ESQUIRE
8900 S.W. 107TH AVENUE, SUITE 206
MIAMI FL 33176

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution: ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete
NAME RICHARDS, DOUGLAS CARY
STREET ADDRESS 14851 S.W. 238TH ST.
CITY-ST-ZIP PRINCETON FL

TITLE PS ☒ Change ☐ Addition
NAME Richards, Douglas Cary
STREET ADDRESS 8900 SW 107 Ave. Ste 206
CITY-ST-ZIP Miami, FL 33176

TITLE VT ☐ Delete
NAME WENGRIN, LESLIE ALLEN
STREET ADDRESS 16900 S.W. 162 AVE.
CITY-ST-ZIP MIAMI FL

TITLE VT ☒ Change ☐ Addition
NAME Wengrin, Leslie Allen
STREET ADDRESS 8900 SW 107 Ave. Ste.206
CITY-ST-ZIP Miami, FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Leslie A. Wengrin* Leslie A. Wengrin April 12, 2001 706-636-5482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)