

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90264 003 ***150.00

DOCUMENT # M57105

1. Entity Name

SUPER PROFESSIONAL COURIER INC.

Principal Place of Business

5245 NW 36 ST
 #208
 MIAMI SPRINGS FL 33166
 US

Mailing Address

1051 W. 59 PLACE
 HIALEAH FL 33012-2307

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

VENTURA, FELIPE S.
 1051 W. 59 PLACE
 HIALEAH FL 33012

7. Name and Address of New Registered Agent

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VENTURA, LUISA N.	
STREET ADDRESS	1051 W 59 PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	VENTURA, FELIPE	
STREET ADDRESS	1051 W. 59TH PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SAMOKIESZYN, N.	
STREET ADDRESS	1051 W. 59TH PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	SADRYA CORVO	
STREET ADDRESS	779 E. 30 ST	
CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luisa N. Ventura	
STREET ADDRESS	1051 W. 59 PL	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/01

Date

883-8889

Daytime Phone #

CR2E034 (10/00)