

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001420

1. Entity Name

ONE EXPRESS SERVICES, L.L.C.

FILED

01 SEP 20 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

12159 SW 132ND CT., #101B
MIAMI FL 33186

Mailing Address

P.O. BOX 770186
MIAMI FL 33177

2. Principal Place of Business

15327 Northwest 60th Ave.

3. Mailing Address

15327 Northwest 60th Ave.

Suite, Apt. #, etc.

Suite 220

Suite, Apt. #, etc.

Suite 220

City & State

Miami Lakes, FL.

City & State

Miami Lakes, FL.

Zip

33014

Country

U.S.

Zip

33014

Country

U.S.

4. FEI Number

87-0617782

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENSON, SWEN HERBERT
13373 SW 151ST TERRACE
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

Benson, Swen Herbert

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

15327 Northwest 60th Avenue

Suite 220

City

Miami Lakes

FL

Zip Code

33014

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

7-13-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

OK Reel

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WATCHMAN, RICHARD
3 SUNWOOD LANE
SANDY UT 84092

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MRGM
BENSON, SWEN HERBERT
13373 SW 151ST TERRACE
MIAMI FL 33186

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000004623928
-10/04/01--01063--014
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
15327 N.W. 60th Ave Suite #220
MIAMI LAKES FL 33014

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ 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 REQUIRED

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

7-13-01

Date

941-727-
2299

Daytime Phone #

CP2E083 (5/01)