2002 Uniform Business Report (UBR)

SIGNATURE:

FILED 8:00 am 8 DOCUMENT # P00000009551 **Secretary of State** 1. Entity Name LONDON EXPRESS INTERNATIONAL, INC. 03-14-2002 90080 033 ***150.00 Principal Place of Business Mailing Address 5303 EAST COLONIAL DRIVE STE. B 5303 EAST COLONIAL DRIVE STE. B POTFOTOR ORLANDO FL 32807 ORLANDO FL 32807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3633208 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORDERO, ALFONSO Street Address (P.O. Box Number is Not Acceptable) 5303 EAST COLONIAL DRIVE STE. B ORLANDO FL 32807 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE **DPST** Change ¬ ☐ Addition ☐ Delete TITLE LONDON, JAVIER NAME NAME 5303 EAST COLONIAL DRIVE STE. B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32807 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME LONDON, CARLOS NAME STREET ADDRESS 5303 EAST COLONIAL DRIVE STE. B STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32807 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME" NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete 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 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

03-02 02

407-236-6177

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