2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # P0000009551

1. Entity Name

Principal Place of Business

LONDON EXPRESS INTERNATIONAL, INC.



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90407 006 ***150.00

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2. Principal P	lace of Busin	ness	3. Mai	3. Mailing Address								
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	e		City	City & State				4. FEI Number 59-3633208 Applied For Not Applicable				
Zip Country			Zip	Zip		Country		Certificate of S	tatus Desired		\$8.75 Add	litional
6. Name and Address of Current Registered Agent							7	Name and Add	frees of New	Registered	<u>.</u>	
·	~ (and Address of Conte		A Agent		Name		Hame and Add	21000 01 11011	riogiotoro.	Agent	
CORDERO, ALFONSO												
5303 EAST COLONIAL DRIVE STE. B							Street Address (P.O. Box Number is Not Acceptable)					
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ORLANDO	FL 32807											
						City				FI	Zip Code	,
	named entity ions of regist	y submits this statement ered agent.	for the purp	ose of changing its	register	ed office or	registered aç	gent, or both, in	the State of F	lorida. I am	familiar with,	and accept
SIGNATURE .												
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title if app	licable. (NOTE	Registere	d Agent signatu	re required when I	reinstating)		DATE		
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		3 Fee will be \$550.0	n						n Campaign F			O May Be
		Florida Department						Trust F	und Contributi	on.	☐ Added	to Fees
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12. I nereby 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 10 or Block 11 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

Date

Daytime Phone #