

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90042 042 \*\*\*150.00

**DOCUMENT # P00000009683**

1. Entity Name

**ULTRA EXPRESS OF FLORIDA, INC.**

Principal Place of Business

11510 W. SAMPLE ROAD  
 SUITE 2  
 CORAL SPRINGS FL 33067

Mailing Address

11510 W. SAMPLE ROAD  
 SUITE 2  
 CORAL SPRINGS FL 33067

2. Principal Place of Business

11428 W Sample Rd

Suite, Apt. #, etc.

# 14

City & State

Coral Springs FL

Zip

33065 USA

3. Mailing Address

11428 W Sample Rd

Suite, Apt. #, etc.

# 14

City & State

Coral Springs FL

Zip

33065 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

A. 65-1022250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

VELANDIA, JAIRO

11510 W. SAMPLE ROAD  
 SUITE 2  
 CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name

Luis Quintero

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

3844 Turtle Run Blvd. Apt 2421

City

Coral Springs

1

FL

Zip Code

33067

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-21-01

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 **P** ☐ Delete  
 NAME **QUINTERO, LUIS**  
 STREET ADDRESS **11510 W. SAMPLE ROAD SUITE 2**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-21-01

Date

Daytime Phone #

CR2E034 (10/00)