

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000011532

1. Entity Name

MULTY SERVICE EXPRESS CORP.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90130 015 ***158.75

Principal Place of Business

Mailing Address

3111 N.W. 17th Ave 3111 N.W. 17th Ave
Miami, FL 33142-6160 Miami, FL 33142-6160

2. Principal Place of Business

3111 N.W. 17th Ave

3. Mailing Address

3111 N.W. 17th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0979150

Applied For

Not Applicable

Zip

33142-6160

Country

Miami-Dade

Zip

33142-6160

Country

Miami-Dade

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WANDA MATOS
11292 S.W. 159 P1
Miami, FL 33196

Name

ALTAGRACIA SANCHEZ

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

15611 S.W. 86 Terrace

City

Miami

FL

Zip Code 33193

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

Altagracia Sanchez
Altagracia Sanchez

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☒ Delete
NAME Wanda Matos
STREET ADDRESS 11292 S.W. 159 P1
CITY-ST-ZIP Miami, FL 33196

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

TITLE VP/T/P ☐ Delete
NAME Altagracia Sanchez
STREET ADDRESS 15611 S.W. 86 Terr'
CITY-ST-ZIP Miami, FL 33193

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/S ☐ Change ☒ Addition
NAME Laura Y. Sanchez
STREET ADDRESS 11133 S.W. 152 CT
CITY-ST-ZIP Miami, FL 33196-0000

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 life empowered.

SIGNATURE:

Altagracia Sanchez
Altagracia Sanchaez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/01

Date

Daytime Phone #

305-636-5380

CR2E034 (11/00)