

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026927

1. Entity Name

PAKXPRESS USA, INC.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90001 032 ***158.75

A0062599

Principal Place of Business
1700 N Dixie Hwy Ste 122
Boca Raton, FL 33432

Mailing Address
1700 N Dixie Hwy Ste 122
Boca Raton, FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0990963

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Acosta, German
1200 SW 20th Ave
Boca Raton, FL 33486

Name

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

City

FL

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)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	President Acosta, German 1200 SW 20th Ave/Boca Raton, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Anthony Rodriguez 5986 Buena Vista Ct./Boca Raton, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Acosta, Yolanda 1200 SW 20th Ave Boca Raton, FL 33486	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Claudio E. Mistretta 1700 N Dixie Hwy Ste 122/Boca Raton	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anthony Rodriguez	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Claudio E. Mistretta	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

German Acosta

4/25/01

561 392 1365

CR2E034 (11/00)