FILED

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATUR

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # P00000038985 1. Entity Name 04-02-2002 90940 045 ***150.00 PRIORITY DELIVERY SERVICE, INC. Principal Place of Business Mailing Address 5390 NW B3RD AVE 5390 NW 83RD AVE **APT B 204** APT R 204 LAUDERHILL FL 33351 LAUDERHILL FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 65-1001947 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GILER, OSCAR O. Box Number is Not Acceptable) 10024 WINDING LAKE RD., #201 SUNRISE PL 33351 City FL 8. The abo stered office or registered agent, or both, in the State of Florida. SIGNATUR stered Agent signature required when reinstating DATE After May 1, 2002 Fee will be \$550,00 And Make Check Payable to Department of State 9. This corporation is eligible to satisfy its 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 🚜 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE XIMENA Delete TITLE CR2E034 (9/01) NAME **GUTIERREZ, KIMENA** NAME STREET ADDRESS 5390 NW 38TH AVE APT B204 STREET ADDRESS 390 CITY - ST - ZIP LAUDERHILL FL 33351 CITY-ST-ZIP TITLE TITLE ☐ Addition LIABAT GILER, OSCAR NAME STREET ADDRESS 5390 NW 38TH AVE APT B204 STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33351 CITY-ST-ZIP TITLE Delete ~ TITLE 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7181 CITY-ST-ZIP 13. I hereby certify that indicated on this see of the corporation or changed, or on an a exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

IRECTOR