

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000050346**

1. Entity Name

CANAL EXPRESS, CORPORATION**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90131 001 ***158.75

0198696

Principal Place of Business
17600 NORTH BAY ROAD #507
SUNNY ISLAND BEACH FL 33160Mailing Address
17600 NORTH BAY ROAD #507
SUNNY ISLAND BEACH FL 33160

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

65-1010962

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional**
Fee Required

DO NOT WRITE IN THIS SPACE

00066214**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****RUFINO, RAMON I**
17600 NORTH BAY ROAD #507
SUNNY ISLAND BEACH FL 33160

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 State10. 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 **PSD** ☐ Delete
NAME **RUFINO, RAMON L**
STREET ADDRESS **17600 NORTH BAY ROAD #507**
CITY-ST-ZIP **SUNNY ISLAND BEACH FL 33160**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Ramon L Rufino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-25/01 (305) 773 6510

Daytime Phone #

CR2E034 (10/00)