

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91190 034 ***158.75

DOCUMENT # P00000050346

1. Entity Name
CANAL EXPRESS, CORPORATION

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

Mailing Address
17600 NORTH BAY ROAD #507
SUNNY ISLAND BEACH FL 33160

2. Principal Place of Business
2770 W. 60 PLACE
 Suite, Apt. #, etc.
201

3. Mailing Address
2770 W. 60 PLACE
 Suite, Apt. #, etc.
201

City & State
HIAWATH, FLORIDA

City & State
HIAWATH, FLORIDA

Zip
33016

Country

Zip
33016

Country

4. FEI Number **65-1010962**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RUFINO, RAMON I
17600 NORTH BAY ROAD #507
SUNNY ISLAND BEACH FL 33160

7. Name and Address of New Registered Agent

Name **RUFINO, RAMON L**
Street Address (P.O. Box Number is Not Acceptable)
2770 W. 60 PLACE
201
City **HIAWATH** **FL** **Zip Code** **33016**

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 *Ramon I Rufino*

DATE **05-30/02**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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NAME
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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**
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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: *Ramon I Rufino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **05-30/2002** **TIME** **(305) 826-6642**
Daytime Phone #

CR2E034 (9/01)