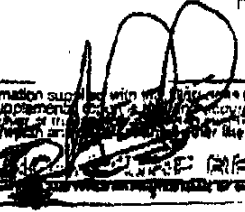


FILED
Aug 01, 2001 8:00 am
Secretary of State

01-22-2001 90011 009 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051645			
1. Entry Name VENEXPRESS INTERNATIONAL CARGO, INC.			
Principal Place of Business 8170 NW 68TH ST. MIAMI FL 33156		Mailing Address 8170 NW 68TH ST. MIAMI FL 33156	
3. Principal Place of Business		4. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
5. Name and Address of Current Registered Agent		6. FEI Number 65-1011346	
LUCIAN, RODOLFO 10840 NW 2ND STREET APT. 308 MIAMI FL 33172		Applied For Not Applicable	
7. Name and Address of New Registered Agent		8. Certificate of Status Desired ☐ \$3.75 Additional Fee Required	
Name ALBORNOS, ARLEY			
Street Address (P.O. Box Number if Not Applicable) 8170 NW 68 ST.			
City MIAMI		FL 33166	
8. The above named entry submits for the purpose of changing its registration with new registered agent or each, in this State of Florida.			
SIGNATURE 			
9. This corporation is organized to comply its intention Tax filer (check one) and elects to do so: ☐ FILE NOW!!! FEE IS \$650.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State			
10. Election Campaign Financing Trust Fund Contribution ☐ \$3.00 may be Added to Form			
11. CHANGES AND ADDITIONS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D LUCIAN, RODOLFO 10840 NW 2ND STREET APT. 308 MIAMI FL 33172			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D ALBORNOS, ARLEY 10840 NW 2ND STREET APT. 308 MIAMI FL 33172			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this report is true and correct for the exemption stated in Section 119.07(2)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct 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 partnership or the limited liability company and that this report is required by Chapter 207, Florida Statutes; and that my name appears in Block 11 to Block 10 of this report, or in an addendum to this report, as required by the statute.			
SIGNATURE:  NOTICE REQUIRED			

10890

DO NOT WRITE IN THIS SPACE

10/01/2001

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051645

1. Entity Name

VEN-EXPRESS INTERNATIONAL CARGO, INC.

Principal Place of Business

8170 NW 66TH ST.
MIAMI FL 33166

Mailing Address

8170 NW 66TH ST.
MIAMI FL 33166

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

65-1011346

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LUCIANI, RODOLFO
10840 NW 2ND STREET
APT. 306
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name ALBORNOS, ARLEY
Street Address (P.O. Box Number is Not Acceptable)
8170 NW 66 St.
City Miami FL Zip Code 33166

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME D
STREET ADDRESS LUCIANI, RODOLFO
CITY-ST-ZIP 10840 NW 2ND STREET APT. 306
MIAMI FL 33172TITLE ☐ Delete
NAME D
STREET ADDRESS ALBORNOS, ARLEY
CITY-ST-ZIP 10840 NW 2ND STREET APT. 306
MIAMI FL 33172TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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)(l), 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 authorized 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 affidavit with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)