FROM : VENEXPRESS INTERNATIONAL CARGO FAX NO. : 786-331 9756

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. Entity Name
VEN-EXPRESO INTERNATIONAL CARGO, INC.

10890

Principal Place of Business
8170 NW 66TH ST.
MIAMI FL 33166

Mailing Address
8170 NW 66TH ST.
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

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 65-1011846 — 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. 308
MIAMI FL 33172

7. Name and Address of New Registered Agent
Name ALBORNOZ, ARCHEY
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 ____ 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 September 12, 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: D NAME: LUCIANI, RODOFO STREET ADDRESS: 10840 NW 2ND STREET APT. 308 CITY-ST-ZIP: MIAMI FL 33172	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: ALBORNOZ, ARLHEY STREET ADDRESS: 10840 NW 2ND STREET APT. 308 CITY-ST-ZIP: MIAMI FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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 REQUIRED ____ Date ____ Daytime Phone # ____

CR2E034 (9/01)

1/22/01-90011-009-$150.00-$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051645

1. Entity Name
VEN-EXPRESS INTERNATIONAL CARGO, INC.

(UA)

A Haelint

-10890

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8170 NW 66TH ST. MIAMI FL 33166	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	7. Name and Address of New Registered Agent
LUCIANI, RODOLFO 10840 NW 2ND STREET APT. 306 MIAMI FL 33172	Name ALBORNOZ, ARLHEY Street Address (P.O. Box Number is Not Acceptable) 8170 N.W. 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 ______________________________ DATE
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 $550.00
After September 12, 2001 Fee will be $750.00
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	D LUCIANI, RODOFO 10840 NW 2ND STREET APT. 306 MIAMI FL 33172	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBORNOZ, ARLHEY 10840 NW 2ND STREET APT. 306 MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #