

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000051867

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: VIA APPIA EXPRESS HOLDING, INC.

## Current Principal Place of Business:

1944 WESTON ROAD  
WESTON, FL 33326

## New Principal Place of Business:

## Current Mailing Address:

1944 WESTON ROAD  
WESTON, FL 33326

## New Mailing Address:

FEI Number: 65-1019195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSEN, BORIS  
150 SE 2ND AVENUE  
SUITE 1200  
MIAMI, FL 33131

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: FALLONE, MONICA  
Address: 1944 WESTON ROAD  
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete  
Name: FALLONE, GIUSEPPE  
Address: 1944 WESTON ROAD  
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete  
Name: DE FALLONE, MARIA LUIGINA P  
Address: 1944 WESTON ROAD  
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete  
Name: FALLONE, STEFANIA  
Address: 1944 WESTON ROAD  
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete  
Name: MANCERA, LUIS EDUARDO  
Address: 1944 WESTON ROAD  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA FALLONE

PSD

04/29/2003

Electronic Signature of Signing Officer or Director

Date