

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000078224**1. Entity Name  
MIAMI DADE EXPRESS, INC.Principal Place of Business  
7205 NW 68TH STREET #1  
MIAMI FL 33166Mailing Address  
7205 NW 68TH STREET #1  
MIAMI FL 331662. Principal Place of Business  
7205 NW 68TH STREET3. Mailing Address  
7205 NW 68TH STREETSuite, Apt. #, etc.  
SUITE #2Suite, Apt. #, etc.  
SUITE #2

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI FLCity & State  
MIAMI FL4. FEI Number ☒ Applied For  
Not ApplicableZip Country  
33166Zip Country  
331665. 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**TIMOTHY N. THOMES, P.A.  
99198 OVERSEAS HIGHWAY  
SUITE 8  
KEY LARGO FL 33037 USName  
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 \_\_\_\_\_ 01/30/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☒ Addition  
NAME VD  
STREET ADDRESS SUAREZ MICHELLE L  
CITY-ST-ZIP 7205 NW 68TH STREET SUITE#2 FL 33166TITLE ☐ Delete  
NAME PSD  
STREET ADDRESS OTT ALBERT E  
CITY-ST-ZIP 7205 NW 68TH STREET #1 FL 33166TITLE ☒ Change ☐ Addition  
NAME PD  
STREET ADDRESS SUAREZ LUIS A  
CITY-ST-ZIP 7205 NW 68TH STREET SUITE#2 FL 33166TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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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: MICHELLE SUAREZ**

VD 01/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)