

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90168 012 ***150.00

DOCUMENT # P00000079214



1. Entity Name
BEST EXPRESS, INC.

Principal Place of Business
2305 NE 183 TERRACE
NORTH MIAMI BEACH FL 33160
US

Mailing Address
2305 NE 183 TERRACE
NORTH MIAMI BEACH FL 33160
US



2. Principal Place of Business
33T 209T

Suite, Apt. #, etc.
211

City & State
MIAMI Beach

Zip **33139** Country **US**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-1033624** Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MONSALVE, MARIA
2305 NE 183 TERRACE
NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maria Monsalve* DATE **3/15/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	MONSALVE, MARIA
STREET ADDRESS	2305 NE 183 TERRACE
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160
TITLE	D <input type="checkbox"/> Delete
NAME	CORTES, ERNESTO
STREET ADDRESS	20000 W DIXIE HWY, #1017
CITY-ST-ZIP	N. MIAMI BEACH FL 33180
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONSALVE MARIA
STREET ADDRESS	33T 209T #211
CITY-ST-ZIP	MIAMI Beach FL 33139
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORTES ERNESTO
STREET ADDRESS	33T 209T #211
CITY-ST-ZIP	MIAMI Beach FL 33139
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Monsalve* **MARIA MONSALVE** DATE: **3/15/03** DAYTIME PHONE #: **305-936-5967**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)