## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 05, 2002 8:00 am Secretary of State P00000083921 DOCUMENT # 1. Entity Name 05-05-2002 90073 034 \*\*\*150.00 UNIVERSAL EXPRESS USA, INC. Principal Place of Business Mailing Address 1063 W FLAGLER ST 1063 W FLAGLER ST MIAMI FL 33130 MIAMI FL 33130 3. Mailing Address 2. Principal Place of Business 1550 S.W. 1st. 1550 Street11 S.W. 1st. Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite # 11 Suite:# 11 Applied For 4. FEI Number City & State City & State 65-1045819 Florida Miami, Not Applicable Miami, Florida. Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 33135 U.S.A. 33135 U.S.A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ---Name AGUIRRE, JOSE ERNESTO Street Address (P.O. Box Number is Not Acceptable) 1063 W FLAGLER ST **MIAMI FL 33130** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition PTD TITLE . TITI F Delete NAME AGUIRRE, JOSE ERNESTO NAME STREET ADDRESS 1924 GARDENIA RD STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33317 CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change **VSD** TITLE NAME NAME ORELLANA, ARIEL STREET ADDRESS 1924 GARDENIA RD STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33317 --CITY-ST-ZIP Change ☐ Addition □ Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Jose Emesto Havirro In Jose ernesto aguirre

Date

Daytime Phone #

FILED