

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087245

1. Entity Name

TOTAL EXPRESS INTERNATIONAL CORP.

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90109 009 \*\*\*150.00

Principal Place of Business <b>7501 EAST TREASURE DRIVE SUITE 5-M NORTH BAY VILLAGE FL 33141</b>	Mailing Address <b>7501 EAST TREASURE DRIVE SUITE 5-M NORTH BAY VILLAGE FL 33141</b>
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2. Principal Place of Business <b>7859 NW 15TH STREET</b>	3. Mailing Address <b>7859 NW 15TH STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI FLORIDA,</b>	City & State <b>MIAMI FLORIDA,</b>
Zip <b>33126</b>	Country <b>USA</b>

4. FEI Number <b>65-1039311</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**MONTEIRO, SERGIO**  
**7501 EAST TREASURE DRIVE**  
**SUITE 5-M**  
**NORTH BAY VILLAGE FL 33141**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MONTEIRO, SERGIO</b> <b>7501 EAST TREASURE DRIVE</b> <b>NORTH BAY VILLAGE FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MONTEIRO, SERGIO</b> <b>7501 EAST TREASURE DRIVE</b> <b>NORTH BAY VILLAGE FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sergio Monteiro (President)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-23-01*

Date

*305-599-8806*

Daytime Phone #

CR2E034 (10/00)