

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000089110

1. Entity Name
CUBATUR EXPRESS, INC.



Principal Place of Business
2920 SW 107TH AVENUE
MIAMI, FL 33165

Mailing Address
2920 SW 107TH AVENUE
MIAMI, FL 33165

2. Principal Place of Business
6651 SW 8 ST
Suite, Apt. #, etc.

3. Mailing Address
6651 SW 8 ST
Suite, Apt. #, etc.

City & State
Miami FLA
Zip 33144 Country USA

City & State
Miami FLA
Zip 33144 Country USA

REINSTATEMENT 04-05



03222005 REIN-P CR2E098 (6/04)

4. FEI Number
65-1042624

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TRIANA, JASON
2920 SW 107TH AVENUE
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name
Loyda TRIANA
Street Address (P.O. Box Number is Not Acceptable)
6651 SW 8 ST
City MIAMI FL Zip Code 33144

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TRIANA, LOYDA
STREET ADDRESS 2920 SW 107TH AVENUE
CITY-ST-ZIP MIAMI, FL 33165 ☐ Delete

TITLE VD
NAME TRIANA, JASON
STREET ADDRESS 2920 SW 107TH AVENUE
CITY-ST-ZIP MIAMI, FL 33165 ☐ Delete

TITLE S
NAME LOYDA, TRIANA
STREET ADDRESS 2920 SW 107 AVENUE
CITY-ST-ZIP MIAMI, FL 33165 ☐ Delete

TITLE T
NAME LOYDA, TRIANA
STREET ADDRESS 2920 SW 107 AVENUE
CITY-ST-ZIP MIAMI, FL 33165 ☒ Delete

TITLE D
NAME LOYDA, TRIANA
STREET ADDRESS 2920 SW 107 AVENUE
CITY-ST-ZIP MIAMI, FL 33165 ☒ Delete

TITLE D
NAME TRIANA, JASON
STREET ADDRESS 2920 SW 107 AVENUE
CITY-ST-ZIP MIAMI, FL 33165 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Loyda TRIANA
STREET ADDRESS 6651 SW 8 ST MIAMI
CITY-ST-ZIP FLA 33144 ☒ Change ☐ Addition

TITLE VP
NAME JASON TRIANA
STREET ADDRESS 6651 SW 8 ST MIAMI FLA
CITY-ST-ZIP 33144 ☒ Change ☐ Addition

TITLE TD
NAME FRANK TRIANA
STREET ADDRESS 6651 SW 8 ST MIAMI FLA
CITY-ST-ZIP 33144 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100049339571
03/29/05--01014--019 **300.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #