

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105421			
1. Entity Name SNAPPAK COURIER/CARGO SERVICES, INC.			
Principal Place of Business 1611 NW 183 STREET MIAMI FL 33169		Mailing Address 1611 NW 183 STREET MIAMI FL 33169	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 21 AM 11:39



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERNARD, ANTHONY 9032 SW 152ND STREET MIAMI FL 33157		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD LEWIS, JOYCE 1965 NW 185 STREET MIAMI FL 33056		000004609800--0 -09/25/01--01020--028 ****150.00 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **X** **Signature Required**

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CR2E034 (5/01)

Doc# P00000 105421

SNAPPAK COURIER/CARGO SERVICES, INC.
1611 NW 183 STREET
MIAMI, FLORIDA 33169

July 19, 2001

Florida Department of State
Division of Corporation
Po Box 1500
Tallahassee, Fl. 32399-1500

To Whom It May Concern:

This letter is following my conversation with your department this morning, to request a fee waiver as advised by an agent of your department.

Due to sickness of an immediate family member, I was out of the United States for the earlier part of the 2001-year, and was unaware of the filing of this form and therefore did not leave instructions with anyone. My business was temporarily closed as a result of my absence.

As advised, I am enclosing a check in the amount of \$150.00 for Snappak Courier/Cargo Services, Inc. Please accept my payment and be assured that this would not be a reoccurring event as I have requested that the forms be mailed to my accountant/registered agent.

Thanking you in advance for your understanding in this matter:

Regards,

Joyce Lewis
Joyce Lewis
President