

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90082 001 *****8.75
05-19-2002 90082 002 ***150.00

DOCUMENT # *P00000105446*

1. Entity Name

PREMIER COURIER INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1434 W 38 PL

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 126426

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HIALLAH- FLA

City & State

HIALLAH- FL

4. FEI Number

65-1055058

Applied For

Not Applicable

Zip

33012

Country

U.S.A

Zip

33012

Country

U.S.A

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LETICIA DURAN

Street Address (P.O. Box Number is Not Acceptable)

18723 NW 77 PL

City

HIALLAH-

FL

Zip Code

33015

**DO NOT WRITE
IN THIS SPACE**

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

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

(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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

*P. LETICIA DURAN
18723 NW 77 PL
HIALLAH- FLA 33015*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other filers empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-02 (305) 978-8628

CR2E034B (12/01)