

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90161 031 \*\*\*150.00

**DOCUMENT # P01000006550**

**1. Entity Name**  
**TITAN EXPRESS, INC.**

**Principal Place of Business**

**715 NORTH STATE ROAD 7**  
**SUITE 200**  
**MARGATE FL 33063**

**Mailing Address**

**715 NORTH STATE ROAD 7**  
**SUITE 200**  
**MARGATE FL 33063**

**2. Principal Place of Business**

**3. Mailing Address**

**1151 N. ATLANTIC BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**PORT LAUDERDALE FL**

Zip

Country

Zip

Country

**33304**

**33304**

**4. FEI Number**

**65 106 84 09**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

**Name RICARDO JARAMILLO**

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

**1151 N. ATLANTIC BLVD**

**Unit 4C**

**City PORT LAUDERDALE FL**

Zip Code

**33304**

**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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 DPT**  
**NAME JARAMILLO, RICARDO** ☐ Delete  
**STREET ADDRESS 715 NORTH STATE ROAD 7**  
**CITY-ST-ZIP MARGATE FL 33063**

**TITLE DV**  
**NAME CARBAL, MARIA** ☐ Delete  
**STREET ADDRESS 715 NORTH STATE ROAD 7**  
**CITY-ST-ZIP MARGATE FL 33063**

**TITLE S**  
**NAME JARAMILLO, MARTHA** ☐ Delete  
**STREET ADDRESS 715 NORTH STATE ROAD 7**  
**CITY-ST-ZIP MARGATE FL 33063**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**P** ☐ Change ☐ Addition  
**NAME JARAMILLO, RICARDO**  
**STREET ADDRESS 1151 N. ATLANTIC BLVD. UNIT 4C**  
**CITY-ST-ZIP FT. LAUDERDALE FL 33304**

**V and S** ☐ Change ☐ Addition  
**NAME CARBAL, MARIA**  
**STREET ADDRESS 1151 N. ATLANTIC BLVD. UNIT 4C**  
**CITY-ST-ZIP FT. LAUDERDALE FL 33304**

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

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-17-02**

**9511-542837**

CR2E034 (9/01)