

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90128 041 ***150.00

0028904 AV

DOCUMENT # P01000006550

1. Entity Name
TITAN EXPRESS, INC.



Principal Place of Business
**715 NORTH STATE ROAD 7
SUITE 200
MARGATE FL 33304**

Mailing Address
**1151 N ATLANTIC BLVD
UNIT 4C
FORT LAUDERDALE FL 33304**



2. Principal Place of Business

823 CYPRESS BLVD

3. Mailing Address

823 CYPRESS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

103

103

City & State

Pompano Beach FL

City & State

Pompano Beach FL

Zip

33069

Country

BRIVARD

Zip

33069

Country

BRIVARD

4. FEI Number

65-1068409

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JADAMILLO, RICARDO
1151 N ATLANTIC BLVD
UNIT 4C
FORT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name **JARAMILLO, RICARDO**

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

823 CYPRESS BLVD Stc 103

City

Pompano Beach

FL

Zip Code

33069

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JARAMILLO, RICARDO	
STREET ADDRESS	1151 N ATLANTIC BLV UNIT 4C	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CARBAL, MARIA	
STREET ADDRESS	1151 N ATLANTIC BLV UNIT 4 C	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	S	<input type="checkbox"/> Delete
NAME	JARAMILLO, MARTHA	
STREET ADDRESS	715 NORTH STATE ROAD 7	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARAMILLO, RICARDO	
STREET ADDRESS	823 CYPRESS BLVD. ST 103	
CITY-ST-ZIP	Pompano Beach FL 33069	
TITLE	VP/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABAL MARIA	
STREET ADDRESS	823 CYPRESS BLVD. ST 103	
CITY-ST-ZIP	Pompano Beach FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)