

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

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

06-16-2002 90696 002 \*\*\*550.00

**DOCUMENT #** P01000013311

1. Entity Name

**MILKY WAY EXPRESS, INC.**

**DO NOT WRITE IN THIS SPACE**

**869299**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3370 N.E. 190th St.**

3. Mailing Address  
**3370 N.E. 190th ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite#2713**

**Suite #2713**

City & State

City & State

**Aventura, FL**

**Aventura, FL**

Zip

Country

Zip

Country

**33180**

**Miami-Dade**

**33180**

**Miami-Dade**

4. FEI Number  
**65-1076270**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Wayne Shorter**

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

**3370 N.E. 190th St.**

**Suite#2713**

City

**Aventura**

**FL**

Zip Code

**33180**

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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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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  
**President**  
**Wayne Shorter**  
**3370 N.E. 190th St. Ste#2713**  
**Aventura, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

SIGNATURE:

*Wayne Shorter*

Wayne Shorter

*June 7, 2002*

CR2E034B (12/01)