

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90254 001 ***150.00
 05-05-2002 90254 002 *****8.75

DOCUMENT # P01000014852

1. Entity Name
B & A EXPRESS, INC.

Principal Place of Business

**17700 SW 87 AVE
 MIAMI FL 33157**

Mailing Address

**17700 SW 87 AVE
 MIAMI FL 33157**

2. Principal Place of Business

12750 SW 149 ST

3. Mailing Address

12750 SW 149 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FLA

City & State

Miami FLA

4. FEI Number

65-108-0971

Applied For

Not Applicable

Zip

33186

Country

Dade

Zip

33186

Country

Dade

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NARANJO, LUIS
 17700 SW 87 AVE
 MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name

Naranjo, Luis

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

12750 SW 149 ST

City

Miami

FL

Zip Code

33186

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 **Luis E. Naranjo**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/02

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

OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **RODRIGUEZ, RAFAEL**
 STREET ADDRESS **17700 SW 87 AVE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Rafael Rodriguez** ☒ Change ☐ Addition
 NAME **12750 SW 149 ST**
 STREET ADDRESS **Miami FLA 33186**
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

305 609 1444

Daytime Phone #

CR2E034 (9/01)