

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90046 030 ***163.75

DOCUMENT # P01000015513

1. Entity Name

CITY EXPRESS CORPORATION

Principal Place of Business

6965 WEST 25TH COURT
HIALEAH FL 33016

Mailing Address

6965 WEST 25TH COURT
HIALEAH FL 33016

2. Principal Place of Business

6965 W 25th

3. Mailing Address

6965 W 25th

Suite, Apt. #, etc.

HIALEAH FL

Suite, Apt. #, etc.

HIALEAH FL

City & State

HIALEAH FL

City & State

HIALEAH FL

Zip

33016

Country USA

Zip

33016

Country USA

6. Name and Address of Current Registered Agent

GARCIA, ERIK
6965 WEST 25TH COURT
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name **ERIK GARCIA**
Street Address (P.O. Box Number is Not Acceptable)
6965 W 25th
City **HIALEAH** FL Zip Code **33016**

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

4/2/02

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**

11. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **GARCIA, ERIK** ☐ Delete
STREET ADDRESS **6965 WEST 25TH COURT**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **DS**
NAME **HERNANDEZ, REBECA** ☐ Delete
STREET ADDRESS **6965 WEST 25TH COURT**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-01

CR2E034 (9/01)

853871



DO NOT WRITE IN THIS SPACE