3/13/2003-90071-032-$150.00-$150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000021146

1. Entity Name

EL EXPRESO DELIVERY, INC

FILED
03 SEP 10 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8550 NW 70 Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33166 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1087629 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Rincon Mary Isabel

Street Address (P.O. Box Number is Not Acceptable): 10457 NW 56 Terrace

City: Miami FL Zip Code: 33178

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: _____ 02/24/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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: PD NAME: Rincon Mary I STREET ADDRESS: 10457 NW 56 Terrace CITY-ST-ZIP: Miami, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: SD NAME: Rincon Arturo STREET ADDRESS: 5620 NW 114th Path # 3-107 CITY-ST-ZIP: Miami, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: TD NAME: Pereira Daniel E STREET ADDRESS: 19127 W. Lake DR CITY-ST-ZIP: Miami, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: _____ 02/24/03 786-277-8429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 1009068796

MAR 13 2003

NOT SIGN / WRITE / STAMP BELOW THIS LINE
FOR FINANCIAL INSTITUTION USAGE ONLY

2179 41379

MAR 17 03

BANK OF AMERICA,NA JAX
063000047 E4298 90 P22
03/17/03
664028934

303682260

FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

EL EXPRESO DELIVERY I
8550 NW 70TH STREET
MIAMI SPRINGS, FL 33166

70027669 1326

63-643/670
BRANCH 88266

DATE 03/11/03

PAY TO THE ORDER OF Florida Department of State $ 150.00

One hundred Fifty and 00/100 DOLLARS

First Union National Bank
firstunion.com
Org. 003 R/T 067006432

CUSTOM BUSINESS BANKING

FOR 701000091146.

⑈001326⑈ ⑆067006432⑆ 2000009517505⑈ ⑈0000015000⑈