## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINE	SS REPORT	· (U	BR)			
DOCUMENT # PO1000024032.  1. Entity Name				<i>Q</i> .		
United Express Cargo Corp.  DO NOT WRITE IN THIS SPACE				an The second		
				OS OF THE DE NO. WO.		
2. Principal Place of Business 9500 NW 77 Avenue	3. Mailing Address			1 100 % 60 m		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Ste: 20	City & State			4. FEI Number Applied For		
Higheah Gardens, FL.				65-109102109 Not Applicab	le	
Zip Country	Zip Country		ntry	5. Certificate of Status Desired See Required Fee Required		
· · · · · · · · · · · · · · · ·	والمساوات والمساور	<b></b>	Name —	7. Name and Address of Current Registered Agent	-	
DO NOT W	RITE	·	Street Address	P.O. Box Number is Not Acceptable)	4	
IN THIS SPACE			417	1 Sterling Drive	4	
			City	Zio Code	4	
8. The above rumed entity submits this statement for	the purpose of changing its	rogistor	City Mia	ered agent, or both, in the State of Florida.	4	
of the above rained years solution to	the purpose of changing as	register	ed office of Tegister			
SIGNATURE Splitture, typegil of trijuled name of registered agent a	nd title if applicable. (NOTI	1 <b>C</b> +	zd Agent signature required	President 10.15.02  ed when reinstaling)  DATE		
January 1 - May After May 1, I				40 Election Comparing Financing CF 40	_	
Tax filing requirement and elects to do so. (See criteria on back)	Amended	UBR	is \$61.25	10. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees		
11. OFFICERS AND I	Make Check Payab	ile to D	epartment of Sta	ite	Ⅎ.	
TITLE President NAME Janet Vila			E IE	000000441000	(jo/Z)	
STREET ADDRESS 91-11 Sterling Drive			ET ADDRESS	50000844102836   10/18/9201022001   \$		
TITLE Miami, F1. 33157		CITY	-ST-ZIP	*****61.50 ***** <u>\$61.2</u>	CR2E034B	
NAME			ΙE		SS.	
STREET ADDRESS CITY-ST-ZIP	i i		ET ADDRESS - ST-ZIP			
TITLE		TITL	E		┪ .	
NAME STREET ADDRESS		nam Stre	E ET ADDRESS	DO NOT MOITE		
CITY-ST-ZIP	JP		- ST- ZIP	DO NOT WRITE	4	
TITLE NAME			E E	IN THIS SPACE		
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CITY-ST-ZIP			-ST-ZIP	•		
TITLE NAME		TITLE	l		1	
STREET ADDRESS		STRE	ET ADDRESS			
CITY-ST-ZIP  13. I hereby certify that the information symbolic with	The filing does not qualify for		-ST-ZIP motion stated in Se	ection 119.07(3)(i). Florida Statutes. Lituther codify that the information	-	
indicated on this report or supplemental eport is of the corporation or the receiver of tristee emplated in the corporation of the research with all other like exp	true and accurate and that movement to execute this report of the control of the	iy signal t as req	ture shall have the suired by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or on an		
SIGNATURE: SIGNATURE (NO TYPED OR PE	TO STATE OF SIGNING OFFICER OF	OR DIRECT	+ Vila	10 · 15 · 02 (305)558 · 2979  Date Date Dorfume Phone #	1	

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