

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000026195

1. Entity Name  
BUONO EXPRESS OF USA CORP.



Principal Place of Business  
4090 SW 40TH AVENUE  
PEMBROKE PARK, FL 33023

Mailing Address  
315 NW 109TH AVENUE  
PEMBROKE PINES, FL 33026

**REINSTATEMENT**

04

**FILED**  
04 OCT 22 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

4090 SW 40<sup>th</sup> Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10132004 REIN-P CR2E098 (6/04)

City & State

City & State  
PEMBROKE PARK, FL

4. FEI Number  
65-1097327

Applied For  
Not Applicable

Zip

Country

Zip

33023

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH, LEONARDO A ESQ  
C/O ROTH ROUSSO & DARRACH PA  
STE 360 3440 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33021

Name

JACQUELINE PAREJA

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

4090 SW 40<sup>th</sup> Ave.

City

PEMBROKE PARK

FL

Zip Code

33023

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 Jacqueline Pareja JACQUELINE PAREJA

10/20/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SANCHEZ, SILVIA A  
STREET ADDRESS 4090 SW 40TH AVENUE  
CITY-ST-ZIP PEMBROKE PARK, FL 33026 ☒ Delete

TITLE PRESIDENT  
NAME JACQUELINE PAREJA  
STREET ADDRESS 4090 SW 40<sup>th</sup> AVE.  
CITY-ST-ZIP PEMBROKE PARK, FLORIDA 33023 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Jacqueline Pareja JACQUELINE PAREJA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/04

954-961-9554

Date

Daytime Phone #