

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 NOV 14 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-01000038372

1. Entity Name

Extra Envios Enterprises, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

210-174 ST

3. Mailing Address

Suite, Apt. #, etc.

L18

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

City & State

Zip

33160

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name Amparo Castañeda

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

210-174 ST # L18

City North Miami Beach

FL

Zip Code

33160

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

Amparo Castañeda

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

(NOTE: Registered Agent Signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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 President
NAME Amparo Castañeda
STREET ADDRESS 210-174 ST # L18
CITY- ST- ZIP North Miami Beach, FL 33160

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CITY- ST- ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

Amparo Castañeda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #


CR2E008 (12/01)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that on August 30, 2001 we change our address therefore we did not receive the U.B.R. for the year, 2002, or any other notice from the Division of Corporations in respect with my Corporation **EXTRA ENVIOS ENTERPRISES, CORP.**

Thank you for your courtesy in this matter.


AMPARO CASTANEDA
PRESIDENT