

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90734 009 ***558.75

DOCUMENT # P01000054311

1. Entity Name
USA EXPRESS TRUCKING, INC.

Principal Place of Business
5412 N.W. 79TH AVE.
MIAMI FL 33166

Mailing Address
5412 N.W. 79TH AVE.
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5209 NW 74th Ave

3. Mailing Address
5209 NW 74th Ave

Suite, Apt. #, etc.
Suite 216-A

Suite, Apt. #, etc.
Suite 216-A

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
65-1108120

Applied For
☐ Not Applicable

Zip
33166-4442

Country
USA

Zip
33166-4442

Country
USA

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

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION
3929 NORTH FEDERAL HWY.
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name
Rachel G. Baptista

Street Address (P.O. Box Number is Not Acceptable)
5209 NW 74th Ave

Suite 216-A

City
Miami

FL

Zip Code
33166-4442

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

Rachel G. Baptista

5/22/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
PD
 NAME
BAPTISTA, RACHEL G
 STREET ADDRESS
5412 N.W. 79TH AVE.
 CITY-ST-ZIP
MIAMI FL 33166

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 #

CR2E034 (9/01)