

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90149 002 \*\*\*150.00

DOCUMENT # P01000059463

1. Entity Name

FLORES HIDALGO CARGO EXPRESS CORP



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4405 SW 160 AVE

3. Mailing Address

4405 SW 160 AVE

Suite, Apt. #, etc.  
200

Suite, Apt. #, etc.  
200

City & State  
MIRAMAR FLORIDA

City & State  
MIRAMAR FLORIDA

Zip  
33027

Country  
USA

Zip  
33027

Country  
U.S.A.

4. FEI Number  
65-1111843

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
IVAN FLORES

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

4405 SW 160 AVE #200

City  
MIRAMAR

FL

Zip Code  
33027

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

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
IVAN FLORES PRESIDENT  
IVAN FLORES  
4405 SW 160 AVE #200  
MIRAMAR FL 33027

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VICE-PRESIDENT  
GLADYS HIDALGO  
4405 SW 160 AVE #200  
MIRAMAR FL 33027

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TREASURER  
KARINA FLORES  
4405 SW 160 AVE #200  
MIRAMAR FL 33027

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 information required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

(954) 559 2749

Daytime Phone #

CR2E034B (12/02)