

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90177 013 ***150.00

DOCUMENT # P01000060910 1. Entity Name D & S COURIER, INC.			
Principal Place of Business 9110 FOINTANBLEU BLVD. #102 MIAMI, FL 33172		Mailing Address 9110 FOINTANBLEU BLVD. #102 MIAMI, FL 33172	
2. Principal Place of Business 8866 W Flagler ST		3. Mailing Address P.O. BOX 226254	
Suite, Apt. #, etc. 203		Suite, Apt. #, etc. 	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33174		Zip 33122	
Country U.S.A.		Country U.S.A.	
4. FEI Number 65-1114919		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEJIA, DENIS 9110 FOINTANBLEU BLVD. #102 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name MEJIA DENIS Street Address (P.O. Box Number is Not Acceptable) 8866 W Flagler ST suite 203 City MIAMI FL 33174	
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 of principal or principal agent and title if applicable.		DATE 4/10/03 (NOTE: Registered Agent signature required when resigning)	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE D	☐ Delete		
NAME MEJIA, DENIS			
STREET ADDRESS 9110 FOINTANBLEU BLVD. #102			
CITY-ST-ZIP MIAMI, FL 33172	change Address		
TITLE VP	☐ Delete		
NAME MEJIA, SOFIA			
STREET ADDRESS 9110 FOUNTAINBLEAU BLVD #102			
CITY-ST-ZIP MIAMI, FL 33172	change address		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE MEJIA DENIS	☐ Change ☐ Addition		
NAME 8866 W Flagler ST #203			
STREET ADDRESS MIAMI FL 33174			
CITY-ST-ZIP MIAMI FL 33174			
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 807, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4/10/03 (786) 251-8072 Daytime Phone #	

CRCE034 (10/02)