

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91522 001 ***150.00

DOCUMENT # P01000068040

1. Entity Name
LFA EXPRESS, INC.

Principal Place of Business
13785 SOUTHWEST 66TH STREET
SUITE C135
MIAMI FL 33183

Mailing Address
13785 SOUTHWEST 66TH STREET
SUITE C135
MIAMI FL 33183

2. Principal Place of Business
13785 SW 66 St.

3. Mailing Address
13785 SW 66 St.

Suite, Apt. #, etc.
C-135

Suite, Apt. #, etc.
C-135

City & State
Miami FL

City & State
Miami FL

Zip **33183** Country **U.S.A.**

Zip **33183** Country **U.S.A.**

4. FEI Number **65-1122737**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name **LUIS F. AGUIRRE**
 Street Address (P.O. Box Number is Not Acceptable)
13215 SW 57 Street #9
 City **Miami** **FL** Zip Code **33183**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AGUIRRE, LUIS F <input checked="" type="checkbox"/> Delete 13785 SOUTHWEST 66TH STREET SUITE C135 MIAMI FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LUIS AGUIRRE <input type="checkbox"/> Delete 13215 SW 57TH #9 Miami FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an officer like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

305) 9687074

Daytime Phone #

CR2E034 (9/01)

434750
Attachment

#P01000068040

MIAMI MAY 3, 2002.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS.
TALLAHASSEE.

REFERENCE> LATE PAYMENT.

I, LUIS F. AGUIRRE, PRESIDENT OF L.F.A. EXPRESS SOLICIT FROM YOU
TO EXEMPT ME FOR LATE FILING FEE, FOR THE REASON, THAT I AM
A TRUCK DRIVER AND I WAS OUT THE STATE UNTIL MAY 2, 2002.
THANKS FOR YOUR ATTENTION TO THIS MATTER.
I AM SENDING THE CHECK FOR THE AMOUNT OF \$150.00.

SINCERELY.



LUIS F. AGUIRRE.