

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90344 001 ***300.00

DOCUMENT # P01000072369

1. Entity Name
LOAD X-PRESS, INC.

Principal Place of Business

**3462 SW 113 CT
 MIAMI FL 33165**

Mailing Address

**3462 SW 113 CT
 MIAMI FL 33165**

2. Principal Place of Business

**6955 NW 52nd ST.
 Suite, Apt. #, etc. 209**

3. Mailing Address

**9900 Stirling Road
 Suite, Apt. #, etc. 211**

City & State

Miami, FL

City & State

Cooper City, FL

Zip

33166

Country

USA

Zip

33024

Country

USA

4. FEI Number

65-1123185

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SILVA, FERNANDO

**16300 NE 19 AVE SUITE 100
 NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name **Silva, Fernando**

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

9900 Stirling Road Suite 211

City **Cooper City**

FL

Zip Code **33024**

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 **Fernando Silva**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/23/02

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** ☐ Delete
 NAME **QUESADA, ROBERT**
 STREET ADDRESS **3462 SW 113 CT**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE **VD** ☐ Delete
 NAME **CHACON, JAVIER**
 STREET ADDRESS **3462 SW 113 CT**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-02

Date

305 716 0090

Daytime Phone #

CR2E034 (9/01)