2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN -5 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
550401

DOCUMENT # P01000072369

1. Entity Name
LOAD X-PRESS, INC.

Principal Place of Business | Mailing Address

2. Principal Place of Business
3462 SW 113 Ct
Suite, Apt. #, etc.

3. Mailing Address
3462 SW 113 CT
Suite, Apt. #, etc.

City & State: Miami, FL
Zip: 33165
County:

City & State: MIAMI, FL
Zip: 33165
Country: USA

[redacted]

☐ CHECK HERE IF MAKING CHANGES

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

FERNANDO SILVA
16300 NE 19 AVE, SUITE 100
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. *(NOTE: Registered Agent signature required when changed)

FILE NOW! FEE IS $150.00
After May 1, 2003 Fee will be $350.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ROGELT QUESADA 3462 SW 113 Ct MIAMI, FL 33165 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 3/27/03 90116 027 - 150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT JAVIER CHACON 12635 SW 91 ST, # 3-105 MIAMI, FL 33186 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGELT QUESADA 3-20-03 305 716 0040
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #