

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90124 037 ***150.00

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DOCUMENT # P01000085921

1. Entity Name
DITTO EXPRESS, INC.



Principal Place of Business
**7901 NW 194TH STREET
MIAMI FL 33015**

Mailing Address
**7901 NW 194TH STREET
MIAMI FL 33015**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7982 N.W. 158TH TERRACE

Suite, Apt. #, etc.

7982 NW 158TH TERRACE

City & State

MIAMI LAKES, FLORIDA

City & State

MIAMI LAKES, FLORIDA

Zip

33016

Country

USA

Zip

33016

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1135077**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEGUIRISTAIN, MARTIN J ESQ.
13368 SW 128TH STREET
MIAMI FL 33186**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **PEREZ, LOURDES**
STREET ADDRESS **7901 NW 194TH STREET**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **LOURDES PEREZ**
STREET ADDRESS **7982 N.W. 158 TERRACE**
CITY-ST-ZIP **MIAMI LAKES, FL. 33016**

TITLE **D** ☐ Delete
NAME **PEREZ, JUAN CARLOS**
STREET ADDRESS **861 WEST 50TH PLACE**
CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE **VD** ☐ Delete
NAME **PEREZ, JUAN CARLOS**
STREET ADDRESS **7901-NW-194TH STREET**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition
NAME **JUAN CARLOS PEREZ**
STREET ADDRESS **861 WEST 50TH PLACE**
CITY-ST-ZIP **HIALEAH, FL 33015**

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

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:

SIGNATURE REQUIRED LOURDES PEREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03
Date

(305) 401-0530
Daytime Phone #

CR2E034 (10/02)