

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91406 028 \*\*\*150.00

**DOCUMENT # P01000086670**

1. Entity Name  
**SOL COURIER SERVICE CORP.**



Principal Place of Business  
**1630 NW 108TH AVE. S/200  
MIAMI FL 33172**

Mailing Address  
**1630 NW 108TH AVE. S/200  
MIAMI FL 33172**



2. Principal Place of Business  
**8161 NW 60 ST**

3. Mailing Address  
**8161 NW 60 ST**

Suite, Apt. #, etc.  
**S/100**

Suite, Apt. #, etc.  
**S/100**

City & State  
**MIAMI - FLORIDA**

City & State  
**MIAMI FL**

Zip  
**33166**

Country  
**USA**

Zip  
**33166**

Country  
**USA**

4. FEI Number **65-1146398**

Applied For  
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**PORTNOY, JOSE  
2100 W 76TH STREET  
SUITE 401  
HIALEAH FL 33010**

## 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 **X** *Jose Portnoy*  
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

TITLE: **VD** ☐ Delete  
NAME: **DE BARBA, LUPE**  
STREET ADDRESS: **1630 NW 108TH AVE. S/200**  
CITY-ST-ZIP: **MIAMI FL 33172**

TITLE: **P** ☐ Delete  
NAME: **ORTEGA, LUPITA N**  
STREET ADDRESS: **1630 NW 108TH AVENUE, #200**  
CITY-ST-ZIP: **MIAMI FL 33172**

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

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

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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: **X** *Jose Portnoy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04 24 03**

**305-4365626**

Date

Daytime Phone #

CR2E034 (10/02)