

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000091126
1. Entity Name
RIGAL EXPRESS, INC.

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90155 038 ***150.00

Principal Place of Business
1101 BRICKELL AVENUE
SUITE 1100
MIAMI, FL 33131

Mailing Address
1101 BRICKELL AVENUE
SUITE 1100
MIAMI, FL 33131

2. Principal Place of Business
7300 VISTAL MAR ST.

Suite, Apt. #, etc.

3. Mailing Address
7300 VISTAL MAR ST.

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

Zip 33143 Country USA

City & State
CORAL GABLES, FL

Zip 33143 Country USA

4. FEI Number

65-1138463

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVID J. PENA, P.A.
1101 BRICKELL AVENUE
SUITE 1100
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name DANA CHRISTOFOROU

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

7300 VISTAL MAR ST.

City

CORAL GABLES FL

Zip Code 33143

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.

X 4-24-02
DATE

(NOTE: Registered Agent signature required when reinstating)

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 D
NAME DANA CHRISTOFOROU
STREET ADDRESS 1101 BRICKELL AVE., #1100
CITY-ST-ZIP MIAMI, FL 33131

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DANA CHRISTOFOROU
STREET ADDRESS 7300 VISTAL MAR ST.
CITY-ST-ZIP CORAL GABLES, FL 33143

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

Change Addition

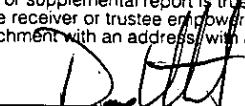
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 all other like empowered.

SIGNATURE: 

X 4-24-02

X 305 2521121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #