

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90231 035 ***150.00

DOCUMENT # P01000091690

1. Entity Name
SOCRAM EXPRESS, INC.



Principal Place of Business
10714 S.W. 55TH ST.
MIAMI FL 33165

Mailing Address
10714 S.W. 55TH ST.
MIAMI FL 33165



2. Principal Place of Business
10835 Kendall Drive

3. Mailing Address
10835 Kendall Drive

Suite, Apt. #, etc.
Apt. 118

Suite, Apt. #, etc.
Apt. 118

City & State
Miami, FL

City & State
Miami, FL

Zip
33176

Country
USA

Zip
33176

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1142409

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

MARCOS, ALEJANDRO
10714 S.W. 55TH ST.
MIAMI FL 33165

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
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MARCOS, ALEJANDRO
10714 S.W. 55TH ST.
MIAMI FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Marcos, Alejandro
10835 Kendall Drive, apt. 118
Miami, FL 33176 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HERNANDEZ, MARIA E
10714 S.W. 55TH ST.
MIAMI FL 33165 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
Marcos, Jose L.
10835 Kendall Drive, apt. 118
Miami, FL 33176 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

TITLE
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: Alejandro Marcos 1-31-03 786-295-2827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)