2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000091690 **DOCUMENT #**



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

1. Entity Name SOCRAM I	EXPRESS, INC.					02-14-2003	90231 035	5 ***150	.00	
Principal Place 10714 S.W. 557 MIAMI FL 3316	TH ST. '	Mailing Address 10714 S.W. 55TH MIAM! FL 33165	ST.							
2. Principal Place of Business 10835 Kendall Drive 10835 Kendall					ive	;	DORAL BEHLE HELD	i 11810 BJIIO 19		
Suite, Apt. #, etc. Apt. 118 Suite, Apt. #, etc. Apt. 118						CHECK HERE I	F MAKING C			
City & State		City/& State	-f=1=		4.	FEI Number 65-1142409	<u>. .</u>	—	plied For Applicable	
Zip 331	Country	33176	Co	USA		Certificate of Status Desired	□ ře	8.75 Add ee Required		
	6. Name and Address of Current	Registered Agent			7.	Name and Address of New Ro	egistered Ag	ent		
				Name						
MARCOS, ALEJANDRO 10714 S.W. 55TH ST.				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL										
(MINION FE	00100			City			FL	Zip Code		
8. The above	named entity submits this statement for ions of registered agent.	or the purpose of chan	iging its regis	stered office or	registered as	gent, or both, in the State of Flo	rida. I am far	miliar with,	and accept	
ine obligati	ions of registeres agent									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Regis	istered Agent signatu	re 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										
After	May 1, 2003 Fee will be \$550.00	of State	_	- %		Election Campaign Fin Trust Fund Contribution	ancing		0 May Be I to Fees	
After Make Check	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		-	- 11.		Trust Fund Contribution	n. 🗆	Added	I to Fees	
After Make Check	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND			11. TITLE NAME		Trust Fund Contribution	n. ICERS AND [Added	I to Fees	(10/02)
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12. I hereby certify that the information supplied with this fling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

requherandro