

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000100295**

1. Entity Name
Mediator Express Services INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3700 Georgia Avenue

3. Mailing Address
P.O. Box 600922

Suite, Apt. #, etc.
Suite 1A

Suite, Apt. #, etc.

City & State
West Palm Beach North Miami Beach

City & State
West Palm Beach North Miami Beach

FL 33405 Country West Palm B FL 33160 Country Miami Dade

4. FEI Number
65-1146732

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
PIERRE JOMANE JEAN

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

3711 NW 24 Avenue #7

City
Miami Florida

FL

Zip Code
33142

**DO NOT WRITE
IN THIS SPACE**

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 **PIERRE JOMANE JEAN** *Pierre Jomane Jean* **02/12/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. **President** OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PIERRE JOMANE JEAN 3711 NW 24 Avenue #7 Miami Florida 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary: ERILAS JOSEPH 440 NW 106 Street Miami Florida 33150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer: PIERRE J. JEAN 3711 NW 24 Ave #7 Miami Florida 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

REINSTATEMENT **1203**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

300013692373
03/07/03--01049--006 **\$00.00

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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 on an attachment with an address with all other like empowered.

SIGNATURE: **Pierre Jomane Jean**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/03
Date

786 2902397
Daytime Phone #

CR2E034B (12/01)