

# **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000100295  
1. Entity Name MEDIATOR EXPRESS SERVICES, INC



FILED

03 JUL 25 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

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2. Principal Place of Business  
3700 GREGORY AVE  
Suite, Apt. #, etc. 16

3. Mailing Address  
706 W. BROWARD ST  
Suite, Apt. #, etc.

City & State WEST PALM BEACH

City & State LANTANA

4. FEI Number  
65-1146732

Applied For  
Not Applicable

Zip 33405 Country FLORIDA Zip 33462 Country FLORIDA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name NEWTON D. PIERRE  
Street Address (P.O. Box Number is Not Acceptable) 706 W. BROWARD STREET  
City LANTANA FL Zip Code 33462

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 Newton D. Pierre (NOTE: Registered Agent signature required when reinstating) DATE 7/14/03

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

**AMENDMENT**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE P.	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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IN THIS SPACE**

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

SIGNATURE: Newton D. Pierre NEWTON D. PIERRE 7/14/2003 (561) 721-2525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)