

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90165 008 ***150.00

DOCUMENT # P01000107817

1. Entity Name
CORONA EXPRESS, INC.

Principal Place of Business Mailing Address
3909 NORTH DARWIN AVENUE 3909 NORTH DARWIN AVENUE
TAMPA FL 33603 TAMPA FL 33603



2. Principal Place of Business 3. Mailing Address
222 S.W. 22 Ave 222 S.W. 22 Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Miami, FL Miami, Florida 59-3757840 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33135 U.S.A 33135 U.S.A

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
MEJIA, LIGIA Pedro L. Moreno
3909 NORTH DARWIN AVENUE Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33603 5801 S.W. 13 Terr
 City Miami FL Zip Code 33144

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 *Pedro L. Moreno* 1/28/02
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. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **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**

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEJIA, LIGIA		NAME Pedro L. Moreno	
STREET ADDRESS 3909 NORTH DARWIN AVENUE		STREET ADDRESS 5801 S.W. 13 Terr.	
CITY-ST-ZIP TAMPA FL 33603		CITY-ST-ZIP Miami, FL 33144	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

3. 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: *Pedro L. Moreno* **SIGNATURE REQUIRED** 1/28/02 305-385-4940
Signature and typed or printed name of signing officer or director Date Day/time Phone # 305-216-1132

FILED

CR2E034 (9/01)