## FILED Apr 18, 2002 8:00 am Secretary of State 04-18-2002 90397 037 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

P01000111784

DOCUMENT # 1. Entity Name

TUTTO EXPRESS, INC.

|  |   |  |   |  | ⊣                 |  |   |                       |                    |           |
|--|---|--|---|--|-------------------|--|---|-----------------------|--------------------|-----------|
| Principal Place  | e of Business   | Mailing Address  |   |  |                   |  |   |                       |                    |           |
| 2301 SW 161  | AVE   | 2301 SW 161 AVE  |   |  |                   |  |   |                       |                    |           |
| MIRAMAR FL   | 33027   | MIRAMAR FL 33027   |   |  |                   |  |   |                       |                    |           |
|  |   |  |   |  |                   | 1 ( <b>86</b> )( <b>8</b> 0) 21( <b>84</b> ) <b>3</b> ( 1( <b>3</b> )2 | E8211 E8111 E8181 E181  |                       | I ARNE BUR IAA     |           |
|  |   |  |   |  |                   |  |   |                       |                    |           |
|  | lace of Business  | 3. Mailing Address   | 1/1   | A 15-  |                   | 4 10031001 131 00301 13031   | <b>ar</b> iit <b>ar</b> ii <b>arii</b> i iini   | OL HANDI HANK INDO    | ( SBCIII DOBI (BBC |           |
| 1 FFF  | IW 72 AVE   | 2301 SW  | 161   | AUE  |                   |  |   |                       |                    |           |
| Suite, Apt.  | •   | Suite, Apt. #, etc.  |   |  |                   | DO NO  | TWRITE IN THIS  | SPACE                 |                    |           |
|  | <b>-</b> (9   | 0:: 0 0::  |   |  |                   |  | -   |                       | pplied For         | 7         |
| City & State   |   | City & State   | - F   | 1  | 4. FEI N          |  | -2-0:3-   |                       | of Applicable      | <u> </u>  |
| <del></del>  | Country   | Zip _  | Count   | <u> </u>   | - <del> </del>    |  |   | \$8.75 Ad             |                    | 1         |
| 33 l   |   | 33027  | Count   | y USA  | 5. Certif         | ficate of Status Des   | ired 🗌  | Fee Require           |                    | 1         |
| <u>, , , , , , , , , , , , , , , , , , , </u>  | 6. Name and Address of Current R  |  |   |  | 7. Name           | e and Address of   | New Registered  | l Agent               |                    | 1         |
|  | <b>*</b> .  |  |   | Name 45  |                   | ,  |   |                       |                    | 1         |
| NARVAEZ, ADRIANA   |   |  |   | Name ADRIANA NARVAEZ   |                   |  |   |                       |                    | -         |
|  | · ·   |  |   | Street Address   | (P.O. Box N       | Number is Not Acce   | eptable)  |                       |                    |           |
| 2301 SW  |   |  | F   | 222  | ./. \             | 22 415   | -W- 2D  |                       | •                  | 1         |
| MIKAMAK  | FL 33027  |  |   | 1++1   | VW_               | 72 AVE   |   |                       | <del> </del>       | -         |
|  |   |  |   | City Mir   | hHi .             |  | FI  |                       | 126                |           |
| B. The shows   | named entity submits this statement for   | the purpose of changing its  | rogistore   | d office or regists  | ared agent        | or both, in the State  | e of Florida  |                       | · - •              | 1         |
| b. The above   | named entity southits this statement for  | the purpose of changing its  | egistere  | a office of registe  | ered agent,       | or botti, in the otati   | or rionda.  | ,                     |                    |           |
|  | Adiana Nau  | las  |   |  |                   |  | 4/)   | 10/02                 | ·<br>              | İ         |
| SIGNATURE.   | Signature, typed or printed name of registered agent ar   | nd title if applicable. (NOTE                                      | : Registered  | Agent signature require  | ed when reinstati | ing)   | DATE  | _/                    |                    |           |
|  |   | FU E NOW!  |   | 0 6150.00  |                   |  | ••••  | ·                     |                    | 1         |
| •  | pration is eligible to satisfy its Intangible requirement and elects to do so.  | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 |   |  | 10                | <ol><li>Election Campa</li></ol>                                       | -   |                       | <b>00</b> May Be   |           |
|  | ria on back)  | Make Check Payabi  |   |  | ate               | Trust Fund Cont  | ribution.   | ☐ Adde                | d to Fees          |           |
| `  | OFFICERS AND D  |  | 12.   |  | l l               | ONS/CHANGES T  | O OFFICERS AN   | ID DIRECTOR           | RS IN 11           | ┨         |
| 11.  |   | Delete   | TITLE   |  | ADDITI            | ONO, OFFICIAL T  | O ON TIOLENO AND  | ☐ Change              | Addition           | 19        |
|  | DP  |  |   |  |                   |  |   |                       |                    | 10/6      |
| TITLE  | NIADVACZ ADDIANIA   |  |   |  |                   |  |   |                       |                    |           |
| NAME   | NARVAEZ, ADRIANA  |  | NAME  | T ADDRESS  |                   |  | سمنتنشب راد   | ~ <sub>~</sub> ~~     | ي سيب              | 12        |
|  | 2301 SW-161 AVE   |  | NAME<br>- STREE   |  | <del>_</del> ~    | رية يست  | سمنعتشست راد  | مرين م <sub>س</sub> ت | مي سيب در س        | 2F034 /   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 2301 SW-161 AVE MIRAMAR FL 33027  | re un estate process   | NAME<br>- STREE   | T ADDRESS  |                   |  | سمنتهشب د د   | Change                | Addition           | CB2E034   |
| NAME<br>STREET ADDRESS   | 2301 SW-161 AVE   | □ Delete   | NAME<br>STREE<br>CITY-  | T ADDRESS  | ~= 7              |  | سنتهضیت در در   | Change                | ☐ Addition         | CROFOR    |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | -2301.SW-161 AVE  | re un estate process   | NAME STREE CITY- TITLE NAME   | T ADDRESS  | ~£- 7             |  |   | ☐ Change              | Addition           | CROFINAL  |
| NAME<br>STREET ADDRESS.<br>CITY-ST-ZIP<br>TITLE<br>NAME  | -2301_SW_161_AVE<br>MIRAMAR FL 33027<br>DV<br>MARTINO, RUBEN<br>2301_SW_161_AVE   | re un estate process   | NAME _STREE CITY- TITLE NAME STREE  | T ADDRESS:   |                   |  | ار استفاده این از استان این از استان این از استان این از این | ☐ Change              | Addition           | CROFORM   |
| NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | -2301.SW-161 AVE<br>MIRAMAR FL 33027<br>OV<br>MARTINO, RUBEN<br>2301 SW 161 AVE<br>MIRAMAR FL 33027<br>MANAGER                | ☐ Delete   | NAME _STREE CITY- TITLE NAME STREE  | T ADDRESS T ADDRESS  | ~~~               |  |   | ☐ Change              | ☐ Addition         | CB2E0347  |
| NAME<br>STREET ADDRESS.<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS  | 2301.SW-161 AVE MIRAMAR FL 33027  OV MARTINO, RUBEN 2301 SW 161 AVE MIRAMAR FL 33027  MANAGER TORGE LUIS PAGNEGE              | ☐ Delete   | NAME STREE CITY- TITLE NAME STREE CITY-   | T ADDRESS  T ADDRESS  ST-ZIP   | ~~~~              |  |   |                       |                    | CB2E0347  |
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**