03

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAR 12 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000002862

1. Entity Name
Facil Express Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1396l Lake Lure Ct.
Suite, Apt. #, etc.
City & State
Hialeah
Zip Fl. Country 33014

3. Mailing Address
1396l Lake Lure ct.
Suite, Apt. #, etc.
City & State
Hialeah
Zip Fl Country 33014

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0007901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name Hernando OJeda
Street Address (P.O. Box Number is Not Acceptable)
1396l Lake Lure Ct.
City Hialeah, Fl. FL Zip Code 33014

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 X [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OJeda, Hernando (DPTS) 1396l Lake Lure ct. Hialeah, Fl. 33014
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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.

X [signature] 02-10-03 305 3332321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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