

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90053 046 ***158.75

DOCUMENT # P02000015995

1. Entity Name
RAYMOND EXPRESS SERVICES INC



Principal Place of Business
17841 NW 82ND AVE.
MIAMI FL 33015

Mailing Address
17841 NW 82ND AVE.
MIAMI FL 33015



2. Principal Place of Business
17841 NW 82 AVE.

3. Mailing Address
17841 NW 82 AVE.

Suite, Apt. #, etc. **NA**

Suite, Apt. #, etc. **NA**

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number
01-0621922

Applied For
Not Applicable

Zip
33015

Country
USA

Zip
33015

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELGADO, ISAIAS R
17841 NW 82ND AVE.
MIAMI-FL 33015

Name **N/A**
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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 **MARIA C. DELGADO** **Maria C. Delgado** **VICE PRESIDENT** **1/7/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ **Delete**
NAME **DELGADO, ISAIAS R**
STREET ADDRESS **17841 NW 82ND AVE.**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVD** ☐ **Delete**
NAME **DELGADO, MARIA C**
STREET ADDRESS **17841 NW 82ND AVE.**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARIA C. DELGADO** **Maria C. Delgado** **VICE PRESIDENT** **1/7/03** **954 214 6453**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)