[redacted]
04-23-2003 90248 026 ***150.00
P02000024706

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 JUN 30 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
55043816

DOCUMENT # P02000024706

1. Entity Name
RED BULL EXPRESS, INC.

Principal Place of Business
2820 B STONEWAY LANE
FORT PIERCE FL 34982

Mailing Address
2820 B STONEWAY LANE
FORT PIERCE FL 34982

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 1342 DREXEL AVENUE
Suite, Apt. #, etc.: Apt. #104
City & State: MIAMI BEACH, FL
Zip: 33139
Country:

3. Mailing Address: →
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

4. 020561319 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ROTHLEIN, JOY ESQ.
930 WASHINGTON AVENUE
SUITE 209 BANK OF AMERICA
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
Name: VIVIANA MORENO
Street Address (P.O. Box Number is Not Acceptable): 1342 DEXEL AVE APT. #104 DREXEL
City: MIAMI BEACH FL Zip Code: 33139

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 [signature] 04/18/03
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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ Delete
NAME	MORENO, VIVIANA B	
STREET ADDRESS	1801 S. TREASURE DRIVE, STE. 414	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

CR2E034 (10/02)

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

SIGNATURE: [signature] 4/18/03 305-534-8948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #