FOR PROFIT CORPORATION 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000045347

1. Entity Name

express international cargo, corp.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90158 015 ***150.00

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	DO NOT WRIT	E IN THIS	SPACE			10075686		
2. Principal Place of Business		3. Mailing Address			<u></u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			02 0427225		Applied For Not Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
Harandarana manada Africa ay					7. Name and Ad	dress of Current Reg	istered Age	nt
			Ne	me EST	A GONZA	r.e.z		~~·~
DO NOT V		VRITE	Sti		(P.O. Box Number is Not Acceptable) 16 S.W. 10TH STREET			
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	IN THIS S	FAUE						
			Cir		*****			ip Code
aran mananan andras an	named entity submits this statement	5 July 714 Mr New Arthur Maria Charles	ng ita registered off		MI, FL	in the State of Florida		3144
	named entity submits this statement ions of registered agent.	ror the purpose of change	ng its registered on	ice or register	red agent, or both	, in trie State of Florida.	i am iamiliai	with, and accept
-		,				€.		
SIGNATURE .	Signature, typed or printed name of registered agr		(A)OTE D. T. T.				DATE	
' lar	nuary 1 - May 1 Fee is \$150.00	ent and title if applicable.	(NOTE: Registered Agen	t signature required	when reinstating)		DATE	
	After May 1, Fee is \$550.00					tion Campaign Financir	-	\$5.00 May Be
Make Check	Amended UBR is \$61.25 Payable to Florida Department	of State			Trust	t Fund Contribution.		Added to Fees
10.		ID DIRECTORS		eren er er er en en en				e a sa e a s
TITLE	PRES/SECRETARY		TITLE	Shelis end des		grande Call Garage and Call Orlands on the		·····································
NAME	ESLA GONZALEZ		NAME		Company Commission and Commission of the Commiss		alsh Million alsh et e	
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12. I hereby certify that the information supplied with this filing ches 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 account 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 entry execute this report as required by Shapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with a foliner in the monoward.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED

DOR BONTED NAME ON SIGNING OFFICER ON DIRECTO

Esla T. Gouralez

4/9/23

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