


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90191 014 ***150.00

DOCUMENT # P02000046133	
1. Entity Name It's A Wrap Movies & Freight Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 631 NW 133 Ave Suite, Apt. #, etc.	3. Mailing Address 631 NW 133 Ave Suite, Apt. #, etc.
City & State Miami, FL	City & State Miami, FL
Zip 33182 Country USA	Zip 33182 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3049818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Javier Armesto
Street Address (P.O. Box Number is Not Acceptable) 631 NW 133 Ave
City Miami FL Zip Code 33182

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	President Javier Armesto 631 NW 133 Ave Miami, FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-03 **305-323-6045**

Date Daytime Phone #

CR2E034B (12/02)