

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90489 011 ***158.75

DOCUMENT # P02000060333

1. Entity Name
ARGO'S EXPRESS CORPORATION



Principal Place of Business

~~1100 WEST AVENUE
SUITE 823
MIAMI BEACH FL 33149~~

Mailing Address

~~1100 WEST AVENUE
SUITE 823
MIAMI BEACH FL 33149~~

2. Principal Place of Business
5600 N.W 72th Ave.

3. Mailing Address
P.O BOX 668275

Suite, Apt. #, etc.
~~MIAMI BEACH FL 33149~~

Suite, Apt. #, etc.
~~MIAMI BEACH FL 33149~~

City & State
MIAMI FLA.

City & State
MIAMI FLA.

Zip Country
33166 MIAMI -DADE

Zip Country
33166 MIAMI-DADE

4. FEI Number **02-0619420**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

~~RODRIGUEZ BLANCO, MANUEL F
1100 WEST AVENUE
SUITE 823
MIAMI BEACH FL 33149~~

7. Name and Address of New Registered Agent

Name
GLORIA E MARCANO
Street Address (P.O. Box Number is Not Acceptable)
8180 GENEVA COURT. BLDG B#123
City **MIAMI** **FL** Zip Code **33166**

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 *Gloria E. Marciano* **GLORIA E. MARCANO** **4/17th/03**
Signature of registered agent 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	P.D	<input type="checkbox"/> Delete
NAME	GLORIA E MARCANO	
STREET ADDRESS	8180 GENEVA CT BLDG B#123	
CITY-ST-ZIP	MIAMI FLA. 33166	
TITLE	S.T.D	<input type="checkbox"/> Delete
NAME	ADRIANA V. RODRIGUEZ	
STREET ADDRESS	8180 GENEVA CT BLDG B#123	
CITY-ST-ZIP	MIAMI FLA. 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gloria E. Marciano* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLORIA E MARCANO 4/17th/03

Date **4/17th/03** Day and Phone **(305) 594-6697**

CR2E034 (10/02)