2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000063116

1. Entity Name

GIRO EXPRESS OF SOUTH FLORIDA INC



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

03-17-2003 90111 009 ***158.75

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Principal Place of Business
10781 CYPRESS LAKE TERRAC
ROCA RATON FL 33498

10781 CYPRESS LAKE TERRACE

BOCA RATON FL 33498



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2. Principal Place 3243	e of Busin	STATE Rd. 7	3. Mailing Address	STA	TE Rd	.7					
Suite, Apt. #,		JIHIU R.	Suite, Apt. #, etc.					☐ CHECK	HERE IF MAKIN	IG CHANGES	
			City & State	<u> </u>			ı FFI N	Number	1	Ар	plied For
City & State	ATE	Fl	MARGATE	1	FL.			27-001	3393	No	t Applicable
MARGI	MIE.	Country	Zip	Cour				ficate of Status De	·	\$8.75 Add	
3306	3	Browar)	33063	Bu	COWARS	7 '		e and Address o	1	Fee Required	3
	6. Name	and Address of Current I	Registered Agent		Name		7. Nam		- <u>-</u>	a Agent	
					Name -	Ol		BELT			
Beltran, J	OHN				Street Addr	ess (P.C). Box N	Number is Not Acc	eptable)		=
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BOCA RATO	ON FL 33	498			32	<u>43</u>	<u>N</u>	. STATE	E ROAT		
					City MA	RG	AT	E	F	Zip Cod	063
- The shares as		v submite this statement fo	r the purpose of changing	its register	red office or reg	gistered	l agent.	or both, in the Sta	nte of Florida. I a	m familiar with,	and accept
the obligation	amed emil ns of regist	ered agent.	, and pospose or annual gray	J						•	
		8			•						
SIGNATURE	gnature, typed	or printed name of registered agent	and title if applicable. (N	OTE: Register	ed Agent signature re	equired wh	nen reinsta	iting)	DATI	<u> </u>	
		! FEE IS \$150.00				. جـ.س		9. Election Camp	oign Financing	. \$5.0	00 May Be
		3 Fee will be \$550.00						Trust Fund Co			d'to Fees
Make Check F	ayable t	Florida Department of	State			_			!		
10.		OFFICERS AND	DIRECTORS	11			ADDI	TIONS/CHANGES	TO OFFICERS A		Addition
TITLE	P		☐ Delete	TIT	1					Change	CT Addition
NAME E	BELTRAN	, JOHN	-	B	ME REET ADDRESS						
V		PRESS LAKE TERRACI TON FL 33498	5	·	Y-ST-ZIP						ļ
				TIT					1	Change	Addition
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		PRESS LAKE TERRAC	E	ST	REET ADDRESS						ĺ
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STREET ADDRESS	-	a security and a security	درس باستندر ا		REET ADDRESS			• • • •			
CITY-ST-ZIP										☐ Change	Addition
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NAME					TREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				C	ITY-ST-ZIP						<u> </u>
49 1 harabara	ortify that	he information supplied wi	th this filing does not qualif	y for the e	xemption state	d in Sec	ction 11	9.07(3)(i), Florida	Statutes. I furthe	r certify that the	information
12. THEREOVICE	citily fliat i	HE RECENTIONS SUPPLIED WE			تعط المطم مثريني	un tha c	ama la	nal attact as if mai	ne under bain: in	ari ani an onic	of Of WILDOW

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 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 officer or director.

Daytime Phone #