

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

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90037 014 \*\*\*150.00

DOCUMENT # *P02000066132*

1. Entity Name *Florida Express Services Inc.*



**DO NOT WRITE IN THIS SPACE**

**54023937**

2. Principal Place of Business <i>1331 W 43 PL</i> Suite, Apt. #, etc.	3. Mailing Address <i>1331 W 43 PL</i> Suite, Apt. #, etc.
City & State <i>Hialeah Florida</i>	City & State <i>Hialeah Florida</i>
Zip <i>33012</i>	Zip <i>33012</i>
Country <i>U.S</i>	Country <i>U.S</i>

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4. FEI Number <i>481265376</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <i>Miriela Escobar</i>
Street Address (P.O. Box Number is not acceptable) <i>1331 W 43 PL</i>
City <i>Hialeah</i>
State <b>FL</b>
Zip Code <i>33012</i>

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 *M Escobar* President *Miriela Escobar* 3-26-04

Signature, typed or printed name of registered agent and title if applicable.

(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 <i>President Miriela Escobar 1331 W 43 PL Hialeah FL 33012</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: *M Escobar* *Miriela Escobar* President *H (305) 8208265*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date *3/26/04* Daytime Phone #

CR2E034B (12/02)