

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-17-2003 90093 037 ***158.75

DOCUMENT # P02000073295

1. Entity Name
GLOBAL EXPRESS GROUP, INC.



Principal Place of Business
780 NW 42 AVE., SUITE 420
MAIMI FL 33126

Mailing Address
780 NW 42 AVE., SUITE 420
MAIMI FL 33126

2. Principal Place of Business

3. Mailing Address

780 NW Le Jeune Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

516

City & State

City & State

Miami FL

Zip

Country

33126

Country

4. FFI Number

050525323

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

MAZZA-MARTINEZ, MS. TANIA A
780 NW 42 AVE., SUITE 420
MAIMI FL 33126

7. Name and Address of New Registered Agent

Name

Aurelio A Piedra

Street Address (P.O. Box Number is Not Acceptable)

780 NW Le Jeune Rd

516

City

Miami

FL

Zip Code

33126

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

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

Aurelio A Piedra CPA

1/13/03

(NOTE: Registered Agent signature required when reinstating)

D/E

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 ☐ Delete
NAME ARAQUE, CARLOS E
STREET ADDRESS 780 NW 42 AVE., SUITE 420
CITY-ST-ZIP MAIMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 305 443 7122
Date Daytime Phone #

CR2E034 (10/02)