2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~ P0200075960

1. Entity Name



FILED Mar 10, 2003 8:00 am \$ Secretary of State 03-10-2003 90771 039 ***150.00

GEARHEAD	EXPRESS, CORP.			03-10-2003 907/1 039 1 130		
Principal Place of Business 8856 NW 110 LANE HIALEAH GARDENS FL 33018		Mailing Address 8856 NW 110 LANE HIALEAH GARDENS FL 33018				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number AI 81 - 0560995 No		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Ad		

Applied For Not Applicable **75** Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENDOZA, NELSON Street Address (P.O. Box Number is Not Acceptable) 8856 NW 110 LANE HIALEAH GARDENS FL 33018 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Fjorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MENDOZA, NELSON 8856 NW 110 LANE HIALEAH GARDENS FL 33018	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	VD MENDOZA, XIOMARA 8856 NW 110 LANE HIALEAH GARDENS FL 33018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Daytime Phone #