

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

05-05-2003 90209 037 ***158.75

DOCUMENT # P02000088756

1. Entity Name
AFRICAN EXPRESS, INC.



Principal Place of Business
2889 N E 35TH STREET
FT. LAUDERDALE FL 33306

Mailing Address
2889 N E 35TH STREET
FT. LAUDERDALE FL 33306

55046196



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

22-3864415

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MELLO XAVIER, MARIO JORGE
2889 N E 35TH STREET
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

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 **PRESIDENT** ☐ Delete
NAME **MARIO JORGE MELLO XAVIER**
STREET ADDRESS **2889 NE 35 ST**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33306**

TITLE **SECRETARY** ☐ Delete
NAME **MARIO JORGE MELLO XAVIER**
STREET ADDRESS **2889 NE 35 STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33306**

TITLE **TREASURER** ☐ Delete
NAME **MARIO JORGE MELLO XAVIER**
STREET ADDRESS **2889 NE 35 STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33306**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03 904-771-7975

Date

Daytime Phone #

CR2E034 (10/02)