


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

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90145 038 \*\*\*150.00

DOCUMENT # <u>P02000105945</u>	
1. Entity Name <b>HIGHWAY EXPRESS SERVICE INC</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>11500 NW SOUTH RIVER DR</b>	3. Mailing Address <b>P.O. BOX 160192</b>
Suite, Apt. #, etc. <b>SUITE 8</b>	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>MEDLEY</b>		City & State <b>HIALEAH</b>		4. FEI Number <b>36-4509762</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33178</b>	Country <b>DADE</b>	Zip <b>33016</b>	Country <b>DADE</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

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

Name <b>MARIA CANO ESCOBAR</b>
Street Address (P.O. Box Number is Not Acceptable) <b>7734 WEST 29 LANE # 202</b>
City <b>HIALEAH</b>
FL Zip Code <b>33018</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MARIA C. ESCOBAR PTD</b> <b>7734 WEST 29 LANE #202</b> <b>HIALEAH, FL 33018</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>CARLOS SERRA VSD</b> <b>7734 WEST 29 LANE # 202</b> <b>HIALEAH, FL 33018</b>			
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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: Berthall Date 3/9/03 (305) 805-8364

CR2E034B (12/02)