

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90743 046 ***150.00

DOCUMENT # P02000111206



1. Entity Name
NICHART EXPRESS, INC.

Principal Place of Business
**4912 SW 131ST AVE.
MIAMI FL 33175**

Mailing Address
**4912 SW 131ST AVE.
MIAMI FL 33175**

2. Principal Place of Business
13113 SW 49 St.

3. Mailing Address
P.O. Box 3012

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Miami, Fl.

City & State
Miami, Fl.

4. FEI Number
04-3717201

Applied For
 Not Applicable

Zip
33175 Country
USA

Zip
33265 Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOZANO, MARLENE
4912 SW 131ST AVE.
MIAMI FL 33175**

Name
Marlene Lozano

Street Address (P.O. Box Number is Not Acceptable)
13113 SW 49 St.

City **Miami, Fl. 33175** FL Zip Code **33175**

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.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input type="checkbox"/> Delete
NAME LOZANO, MARLENE	
STREET ADDRESS 4912 SW 131ST AVE.	
CITY-ST-ZIP MIAMI FL 33175	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Marlene Lozano	
STREET ADDRESS 13113 SW 49 St.	
CITY-ST-ZIP Miami, Fl. 33175	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)