

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90178 039 ***150.00

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DOCUMENT # P02000111404

1. Entity Name
MEXPRESS CORPORATION



Principal Place of Business
1106 LUCERNE AVENUE
SUITE #2
LAKE WORTH FL 33460
US

Mailing Address
1106 LUCERNE AVENUE
SUITE #2
LAKE WORTH FL 33460
US



2. Principal Place of Business

3. Mailing Address

28 Lake Arbor Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Palm Springs, FL

4. FEI Number

38-3666940

Applied For

Not Applicable

Zip

Country

Zip

Country

33461

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

MERCEDES J. PENA
28 LAKE ARBOR DRIVE
PALM SPRINGS, FL 33461

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☒ Delete
NAME PALACIOS, GUSTAVO
STREET ADDRESS 6120 FOREST HILL BLVD APT.#211
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE VP ☐ Change ☐ Addition
NAME Palacios, Gustavo
STREET ADDRESS 6120 Forest Hill Blvd #211
CITY-ST-ZIP WPA, FL 33415

TITLE P ☐ Delete
NAME PENA, MERCEDES J
STREET ADDRESS 28 LAKE ARBOR DRIVE
CITY-ST-ZIP PALM SPRINGS FL 33461

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03 561-432-2580

Date

Daytime Phone #

CR2E034 (10/02)