2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

P02000120860

S.T.S. XPRESS INC.



FILED May 08, 2003 8:00 am § Secretary of State

05-08-2003 90170 027 ***150.00

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Principal Plac	ce of Business	Mailing Ado	fress		-			
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HALEANTE		THALEAH FL						
73/4	W/ 25 2N					8181 11818 11811 56181 18 118 891	5 63 0 1961	
W.T.A.	W 25 2N ENJ, FL. 33018	UTAL	N 252N	301B				
2. Principal	Place of Business	3. Mailing A			 	8181 818 1811 8818 18118 8111	(14)) (11)	
]						
Suite, Apt	. #. etc.	Suite, Apt	. #. etc.					
55,101,145.	, 0.0.	Jones, v. Ja.			☐ CHECK HERE IF	MAKING CHANGES		
City & Sta	te	City & Sta	te		4. FE! Number	TAppli	ied For	
J.,		0,			11-3663099	 	Applicable	
Zip Country		Zip.	Zip Cour			\$9.75 Auditio		
 ,p	Country			56.76 y	5. Certificate of Status Desired	Fee Required	Jnai	
	6. Name and Address of Curre	ant Registered Ans			7. Name and Address of New Reg	<u></u> :		
	b. Ivalle and Address of Care	an negistered Age	#III	Name	7. Name and Address of New Regi	Stered Agent		
COLLL	ALONON T			Hamo	Name			
1	SALOMON T		Street Address (P.O		ss (P.O. Box Number is Not Acceptable)			
5850 W 2	25 COURT #6							
HIALEAH	FL 33016							
"	-							
				City		FL Zip Code		
8. The above	e named entity submits this statemen	t for the purpose of	changing its regis	tered office or regis	stered agent, or both, in the State of Florida	a Lam familiar with an	d accept	
	tions of registered agent.	Delipood of		ooo or rogio	agent, or were, in the orang of Fortal	and the second s	- 200001	
SIGNATURE	·					<u> </u>		
	Signature, typed or printed name of registered ag	gent and title if applicable,	(NOTE: Regis	tared Agent signature requ	uired when reinstating)	DATE		
و F	TLE NOW!!! FEE IS \$150.00							
	r May 1, 2003 Fee will be \$550.0	00			9. Election Campaign Finance			
Make Chec	k Payable to Florida Department	t of State			Trust Fund Contribution.	Added to	rees	
າວ.	OFFICERS AF	ND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS II	V 11	
TITLE	I DP			IITLE	ADDITIONO/OFFIANCED TO OFFICE		Addition	
NAME	SCULL, SALOMON T	L		1		□ change (Nacinon	
				NAME				
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PHILICA MUDICOS	ı		1 3	HILLI ADDRESS				

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP