

FOR PROFIT CORPORATION 2004
UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90008 049 ***150.00

DOCUMENT # P03000083842

1. Entity Name

M K T EXPRESS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10211 PINES BLVD.

3. Mailing Address

Suite, Apt., #, etc.
229

Suite, Apt., #, etc.

City & State

PEMBROKE PINES, FL

City & State

Zip 33026

County BROWARD

Zip

Country

4. FEI Number

562382990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

54054454

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Miguel Lopez

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

25 NW 192nd. Street

City

Miami,

FL

Zip Code
33169

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.

MIGUEL LOPEZ

(NOTE: Registered Agent signature required when reinstating)

5/10/04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 / DIRECTOR	TITLE	
NAME	MIGUEL LOPEZ	NAME	
STREET ADDRESS	10211 PINES BLVD. # 229	STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES, FL 33026	CITY - ST - ZIP	
TITLE	VICE-PRESIDENT / DIRECTOR	TITLE	
NAME	KEISHA LOPEZ	NAME	
STREET ADDRESS	10211 PINES BLVD. # 229	STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES, FL 33026	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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IN THIS SPACE**

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:

Miguel Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MIGUEL LOPEZ

5/10/04

305-653-7948

CR2E034B (12/02)