

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038886

1. Entity Name

YUMA-CUBA EXPRESS INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90063 020 ***150.00

Principal Place of Business

1575 W 42ND ST
HIALEAH FL 33012
US

Mailing Address

1575 W 42ND ST
HIALEAH FL 33012-7631
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4231 W. 16 Ave.

Suite, Apt. #, etc.

4231 W. 16 Ave.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33012

Country

Miami-Dade

Zip

33012

Country

Miami-Dade

6. Name and Address of Current Registered Agent

TOURON, LIBRADA N.
1575 W 42ND ST
HIALEAH FL 33012

Name

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

4231 W. 16 Ave.

City

Hialeah, FL

FL

Zip Code

33012

7. Name and Address of New Registered Agent

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.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-12-00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOURON, LIBRADA N	
STREET ADDRESS	6146 W 14 AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TOURON, ROBERTO L	
STREET ADDRESS	6146 W 14 AVE	
CITY-ST-ZIP	HIALEAH FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOURON, LIBRADA N.	
STREET ADDRESS	7345 N. OAKMONT DRIVE	
CITY-ST-ZIP	MIAMI LAKES, FL 33015	
TITLE	SECRETARY / TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOURON, ROBERTO L.	
STREET ADDRESS	7345 N. OAKMONT DRIVE	
CITY-ST-ZIP	MIAMI LAKES, FL 33015	
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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] ROBERTO L. TOURON - STD-2-17-00305-827-9222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)