

DOCUMENT # P93000077949  
1. Entity Name  
FLORIDA EXPRESS BUS LINE, INC.

06-20-2000 90007 024 \*\*\*150.00

FILED

00 OCT 23 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business		Mailing Address	
95 NORTH WEST 23 RD STREET MIAMI, FL 33127		95 NORTH WEST 23 RD STREET MIAMI, FL 33127	
2. Principal Place of Business		3. Mailing Address	
95 NORTH WEST 23RD ST		Same	
Suite, Apt. #, etc. MI		Suite, Apt. #, etc.	
City & State MIAMI, FL 33127		City & State	
Zip	Country	Zip	Country
4. FEI Number 67-0650134		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
QUINTANA FLORENTINO		Name CANON MANUEL	
		Street Address (P.O. Box Number is Not Acceptable) 777 ADVENTURE AVE.	
		City NORTH BAY VILLAGE FL	
		Zip Code 33141	

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  DATE 07/20/00  
(NOTE: Registered Agent signature required when reinstating)

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

FILE NOW WITH 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANUEL CANON. 777 ADVENTURE AVENUE NORTH MIAMI, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or without other like empowered.

SIGNATURE:  DATE 07/20/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KE

CR2E034 (9/99)