

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90116 018 ***150.00

DOCUMENT # P94000029149

1. Entity Name
RABBIT INTERNATIONAL EXPRESS, INC.



Principal Place of Business

**1232 FALLS BLVD
FT LAUDERDALE FL 33327
US**

Mailing Address

**1232 FALLS BLVD
FT LAUDERDALE FL 33327
US**

2. Principal Place of Business

**11117 N. OKEECHOBEE RD.
STE. 113**

3. Mailing Address

**11117 N. OKEECHOBEE RD.
STE. 113**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALEAH GDS. FL

City & State

HALEAH GDS. FL

Zip

Country

33018 USA

Zip

Country

33018 USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0483014

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARFIAS, JUAN F.

**1232 FALLS BLVD
FT LAUDERDALE FL 33327**

7. Name and Address of New Registered Agent

Name **GARFIAS, JUAN F.**

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

11117 N. OKEECHOBEE RD. STE. 113

City

HALEAH GDS.

FL

Zip Code

33018

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

JUAN F. GARFIAS 02/17/03

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

TITLE **PSD** ☐ Delete
NAME **GARFIAS, JUAN F**
STREET ADDRESS **1232 FALLS BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33327**

TITLE **VPD** ☒ Delete
NAME **GARFIAS, MARIA L**
STREET ADDRESS **1232 FALLS BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33327**

TITLE **TD** ☒ Delete
NAME **GARFIAS, JUAN F JR.**
STREET ADDRESS **1232 FALLS BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Change ☐ Addition
NAME **GARFIAS, JUAN F.**
STREET ADDRESS **11117 N. OKEECHOBEE RD. STE. 113**
CITY-ST-ZIP **HALEAH GDS. FL 33018**

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

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

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

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

Date

Daytime Phone #

02/17/03

(305) 821-2225

CR2E034 (10/02)