

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043396

1. Entity Name

MERCHANT EXPRESS OF FLORIDA, INC.



FILED

03 OCT 16 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3935 N. FEDERAL HWY
POMPANO BEACH FL 33064

Mailing Address

3935 N. FEDERAL HWY
POMPANO BEACH FL 33064

2. Principal Place of Business

SAME
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number

65-0497674

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOUSA, FRANCISCO DESALES
3935 N. FEDERAL HWY
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/08/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 PVT
NAME SOUSA, FRANCISCO
STREET ADDRESS 3935 N. FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

TITLE D
NAME SOUSA, FRANCISCO
STREET ADDRESS 3935 N. FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

TITLE PSVT
NAME SOUSA, FRANCISCO S
STREET ADDRESS 3935 N FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL 33089 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300023863543
10/16/03--01087--011 **150.00

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

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

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

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

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

10/08/03

954 629-3189

Date

Daytime Phone #

CR2E034 (4/03)

0033020 AV

Merchant Express Of Florida, Inc.
3935 N. Federal Hwy
Pompano Beach, FL 33064

RE: Merchant Express Of Florida, Inc.

~~P-94000043396~~

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY LATE FEE BECAUSE I DID NOT RECEIVE THE 2003 ANNUAL REPORT PAPER IN MY HOUSE AT THE RIGHT TIME, I ONLY RECEIVED IT 3 DAYS AGO. I PROMISE YOU THAT NEXT YEAR, I WILL BE ONE OF THE FIRST PEOPLE TO FILE THE ANNUAL REPORT.

SINCERELY,

Francisco Sousa