

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000054702

1. Entity Name **ALL EXPRESS INTERNATIONAL, INC.**

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90283 006 ***158.75

Principal Place of Business

Mailing Address

2. Principal Place of Business

P.O. Box 161274

3. Mailing Address

P.O. Box 161274

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0509426

Applied For

Not Applicable

Zip

33116

Country

USA

Zip

33116

Country

USA

5. Certificate of Status Desired

☒ **XX**

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0061418

6. Name and Address of Current Registered Agent

Piedrahita, Edgar
14365 SW 97 Lane
Miami, Fl. 33186

7. Name and Address of New Registered Agent

Name

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

14365 SW 97 Lane

City **Miami**

FL

Zip Code

33186

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04 28/00

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

☒ **XX**

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PSD

ACUNA, JAIME H

Avenida 15 # 123-61 OFC708

Sta Fe De Bogota Colombia

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 28/00

(305) 471-7768

Date

Daytime Phone #

CR21 014 (3/99)