

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000064077

1. Entity Name
FLORIDA'S MESSENGER SERVICE, CORP.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90097 006 ***150.00

Principal Place of Business

200 SW 79TH CT.
MIRAMAR FL 33023
US

Mailing Address

1447 SW 131 AVE
MIAMI FL 33184

2. Principal Place of Business

7151 Fairway Blvd
Suite, Apt. #, etc.

3. Mailing Address

8670 SW 149 AVE #108
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIRAMAR FL

City & State

MIAMI FL

4. FEI Number

65-0518666

Applied For

Not Applicable

Zip

33023

Country

Broward

Zip

33193

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, MARIA
1447 SW 131 AVE
MIAMI FL 33184

Name

Laura Diaz
8670 SW 149 AVE #108

City

MIAMI

FL

33193

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)

DATE

3/26/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 P
NAME DIAZ, MARIA
STREET ADDRESS 1447 SW 131 AVE
CITY-ST-ZIP MIAMI FL 33184 ☒ Delete

TITLE
NAME Laura DIAZ
STREET ADDRESS 8670 SW 149 AVE #108
CITY-ST-ZIP MIAMI FL 33193 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

[Signature]
Maria Diaz

Date

Daytime Phone #

3/26/01 305-277-7835

CR2E034 (10/00)