

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084774

1. Entity Name

CIMA COURIER TRAVEL EXPRESS, CORP.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90128 033 ***150.00

Principal Place of Business

Mailing Address

1594 NW 36 STREET
 MIAMI FL 33142
 US

1594 NW 36 STREET
 MIAMI FL 33142-5560
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0538599

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

OLIVO, LEONEL
 1594 NW 36 STREET
 MIAMI FL 33142

7. Name and Address of New Registered Agent

Name

ANA LOPEZ DE OLIVO

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

14700 SW 42 WAY

City

MIAMI

FL

Zip Code

33185

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	OLIVA, ANA	
STREET ADDRESS	14700 SW 42 WAY	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	OLIVO, LEONEL	
STREET ADDRESS	14700 SW 42 WAY	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ORTIZ, MIRIAM	
STREET ADDRESS	14700 SW 42 WAY	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ DE OLIVO, ANA A	
STREET ADDRESS	14700 SW 42 WAY	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ SANTIAGO, ROBERTO	
STREET ADDRESS	14700 SW 42 WAY	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIELUF HEINZ	
STREET ADDRESS	14700 SW 42 WAY	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

ANA OLIVO
 PRESIDENT

02/05/00

Date

Daytime Phone #

(305) 638-4500

CR2E034 (9/99)