2002 Uniform Business Report (UBR)

Apr 15, 2002 8:00 am P94000092400 DOCUMENT # **Secretary of State** 1. Entity Name UNIEXPRESS SYSTEMS, INC. 04-15-2002 90045 033 ***150 00 Mailing Address Principal Place of Business 3411 NW 9TH AVE 3411 NW 9TH AVE SUITE 708 SUITE 708 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 us 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0541552 Not Applicable Zip \$8.75 Additional Country Zip Country -5.-Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VERLANGIERI, ERNANI Street Address (P.O. Box Number is Not Acceptable) 1401 NE 60TH STREET FT LAUDERDALE FL 33334 Zip Code City FL .6. 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition CR2E034 (9/01 TITLE □ Delete TITLE NAME verlangieri, ernani j NAME STREET ADDRESS 1401 NE 60TH STREET STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33334 C(TY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME verlangieri, gisele n NAME STREET ADDRESS STREET ADDRESS 1401 NE 60TH STREET CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33334 Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

VERLANGIER

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