## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P95000003121 Mar 25, 2000 8:00 am **Secretary of State** DIRECT PARCEL SERVICE, CORP. 03-25-2000 90017 041 \*\*\*150.00 Principal Place of Business Mailing Address 8209 NW 68TH ST 8209 NW 68TH ST. MIAMI FL 33166-2760 MIAMI FL 33166 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0573757 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARCIA, CARLOS Street Address (P.O. Box Number is Not Acceptable) -- 975 NW 106 AVE CIR-MIAMI FL 33172 RMIANA 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DP **Change** ■ Addition ☐ Delete TITLE TITLE GARCIA, CARLOS NAME NAME 8209 NW 688T -975-NW 106 AVE CIR-STREET ADDRESS STREET ADDRESS MIAMI, Cl 3311de MIAMI FL 33172 CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE GARCIA, MILAGROS NAME 8209 NW 688t. MIAMI, FL 33166 975 NW 106TH AVE: CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -MIAMI-FL CITY-ST-ZIP Change Addition TITLE: TITLE Delete-ALVAREZ, ALEJANDRO NAME 8209 NW 685T 15603 S.W. 85 LANE STREET ADDRESS STREET ADDRESS MIAMLEL 33193 CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ 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 filling 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

20/00 (305)971-8080

Daytime Phone #