

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019412

1. Entity Name  
**EXPRESS BAGGAGE, INC.**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
04-19-2001 90086 044 \*\*\*150.00

0500217

Principal Place of Business  
**14708 BAYONNE RD.  
ORLANDO FL 32832**

Mailing Address  
**16900 SW 162ND AVE  
MIAMI FL 33187  
US**

**744257**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3900 SW 107 Av.**

3. Mailing Address  
**8900 SW 107 Ave.**

Suite, Apt. #, etc.  
**Suite 206**

Suite, Apt. #, etc.  
**Suite 206**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number **65-0572652**

Applied For  
Not Applicable

Zip Country  
**33176 Miami-Dade**

Zip Country  
**33176 Miami-Dade**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PATHMAN, RONALD C  
8900 SW 107TH AVE. STE 206  
MIAMI FL 33176**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

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, 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**

TITLE	PS	<input type="checkbox"/> Delete
NAME	CAO, ALFREDO J JR	
STREET ADDRESS	1775 ALOMA AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MARRERO, RAYMOND J	
STREET ADDRESS	14708 BAYONNE RD.	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE	D	<input type="checkbox"/> Delete
NAME	WENGRIN, LES	
STREET ADDRESS	16900 SW 162ND AVE	
CITY-ST-ZIP	MIAMI FL	
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	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cao, Alfredo J. Jr.	
STREET ADDRESS	8900 SW 107 Avenue Ste. 206	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marrero, Raymond J.	
STREET ADDRESS	8900 SW 107 Avenue Ste. 206	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wengrin, Les	
STREET ADDRESS	8900 SW 107 Avenue Ste. 206	
CITY-ST-ZIP	Miami, FL 33176	
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		<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: *Les Wengrin* DIR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Les Wengrin April 12, 2001 706-636-5482  
Date Daytime Phone #

CR2E034 (10/00)