

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000032323

1. Entity Name

C & L EXPRESS, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90006 010 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2565 N EAST AVE VINELAND NJ 08360 US		Mailing Address 826 N JOHN STREET SUITE 103 ORLANDO FL 32808-7564 US	
2. Principal Place of Business 3259 Maple Avenue Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Vineland, NJ		City & State	
Zip 08361	Country USA	Zip	Country

4. FEI Number **59-3310384**

Applied For
 Not Applicable

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

KEENE, TERRY C
826 N JOHN STREET
SUITE 103
ORLANDO FL 32808

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CERVERIZZO, LOU 3259 MAPLE AVENUE VINELAND NJ 08361	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Luigi Cerverizzo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00 (856) - 691-6445

Date

Daytime Phone #

CR2E034 (9/99)