

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039866

1. Entity Name

WAY-1 EXPRESS INTERNATIONAL INC.

Principal Place of Business

7370 N.W. 36ST  
407  
MIAMI FL 33166

Mailing Address

7370 N.W. 36ST  
407  
MIAMI FL 33166

2. Principal Place of Business

4455 SW 10TH ST  
Suite, Apt. #, etc.

3. Mailing Address

4455 S.W. 10TH ST.  
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI FL

4. FEI Number

65-0852972

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MENENDEZ, MARIA  
11218 S.W. 62ND LANE  
MIAMI FL 33173

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 re-registering)

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 PTD ☐ Delete  
NAME MENENDEZ, MARIA  
STREET ADDRESS 11218 S.W. 62ND LANE  
CITY-ST-ZIP MIAMI FL 33173

TITLE VD ☐ Delete  
NAME SAGASTUME, GUILLERMO  
STREET ADDRESS 11218 S.W. 62ND LANE  
CITY-ST-ZIP MIAMI FL 33173

TITLE SD ☐ Delete  
NAME MENENDEZ, PATRICIA  
STREET ADDRESS 4455 S.W. 10TH ST.  
CITY-ST-ZIP MIAMI FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

07/25/01

305  
594-0440

FILED  
Aug 22, 2001 8:00 am  
Secretary of State

05-22-2001 90010 024 \*\*\*150.00

77798



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)