

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000076587

1. Entity Name

CAPITAL EXPRESS, INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90486 005 ***150.00

Principal Place of Business

Mailing Address

7220 N.W. 36 ST # 601
MIAMI, FL 33166

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0685762

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RUIZ, ANGELA A.
8089 N.W. 67TH ST
MIAMI, FL 33166

Name

MORELLA CONTRERAS

Street Address (P.O. Box Number is Not Acceptable)

3500 MYSTIC POINT DR.

City

AVENTURA,

FL

Zip Code
33180

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

4/29/00

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 PSD CONTRERAS, OMAR STREET ADDRESS 8089 n.w. 67TH ST ST- ZIP MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE PSD CONTRERAS, OMAR STREET ADDRESS 3500 MYSTIC POINT DR. CITY- ST- ZIP AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD RUIZ, ANGELA A. STREET ADDRESS 8089 N.W. 67th ST ST- ZIP MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete	TITLE VD MORELLA CONTRERAS STREET ADDRESS 3500 MYSTIC POINT DR. CITY- ST- ZIP AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STREET ADDRESS ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STREET ADDRESS ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STREET ADDRESS ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STREET ADDRESS ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

OMAR CONTRERAS

4/29/00 305-718-9040