

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2003 8:00 am**  
**Secretary of State**

07-10-2003 90116 037 \*\*\*550.00

**DOCUMENT # P96000001415**

1. Entity Name  
**EXPRESSO TRANSPORTATION OF BOCA RATON, INC.**



Principal Place of Business <b>3596 SO OCEAN BLVD 102 BOCA RATON, FL 33487</b>	Mailing Address <b>3596 SO OCEAN BLVD 102 BOCA RATON FL 33487</b>
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2. Principal Place of Business <b>5579 EAST MARINA DR</b> Suite, Apt. #, etc.	3. Mailing Address <b>5579 EAST MARINA DR</b> Suite, Apt. #, etc.
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☐ CHECK HERE IF MAKING CHANGES

City & State <b>FORT LAUDERDALE, FLORIDA</b>	City & State <b>FORT LAUDERDALE, FLORIDA</b>
Zip <b>33312</b>	Zip <b>33312</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>65-0648399</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**GUERRIERO, LOUIS J**  
**3596 SO OCEAN BLVD #102**  
**BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**5579 EAST MARINA DR**  
City  
**FORT LAUDERDALE** FL Zip Code  
**33312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Louis J. Guerrero* **7/7/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>GUERRIERO, LOUIS J</b>	
STREET ADDRESS <b>3596 SO OCEAN BLVD #102</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33487</b>	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>5579 EAST MARINA DR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FT LAUDERDALE, FL 33312</b>	
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	
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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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Louis J. Guerrero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/7/03** Daytime Phone #

0436416 AV

CR2E034 (10/02)