

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007053

1. Entity Name

MIAMI ON-LINE COURIER SERVICES, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90899 031 ***150.00

Principal Place of Business

Mailing Address

900 BAY DR
STE 423
MIAMI BCH FL 33141
US

POB 015307
MIAMI FL 33101-5307
US

2. Principal Place of Business

3. Mailing Address

900 Bay Dr.
Suite, Apt. #, etc.
423

P.O. Box 015307
Suite, Apt. #, etc.

City & State
Miami Beach, FL

City & State
Miami, FL

Zip

Country

Zip

Country

33141

U.S.A.

33101

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0650254

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

FAJARDO, FRANCISCO R
900 BAY DR
STE 423
MIAMI BCH FL 33141

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

Francisco Fajardo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

4/27/00

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
D
RODRIGUEZ, FRANCISCO
900 BAY DDR, 423
MIAMI BCH FL 33141

☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

Francisco Fajardo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

(705) 789-2777

Daytime Phone #

CR2E034 (9/99)