

2002 UNIFORM BUSINESS REPORT (UBR)

0121828 AT

DOCUMENT # P96000007053

1. Entity Name
MIAMI ON-LINE COURIER SERVICES, INC.

FILED

02 SEP -5 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**900 BAY DRIVE
STE 423
MIAMI BCH FL 33141
US**

Mailing Address
**POB 015307
MIAMI FL 33101
US**

2. Principal Place of Business
**900 Bay Drive
Suite, Apt. #, etc.
423**

3. Mailing Address
**P.O. Box 015307
Suite, Apt. #, etc.**

City & State
Miami Beach FL

City & State
Miami FL

Zip
33141

Country
USA

Zip
33101

Country
USA

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

7. Name and Address of New Registered Agent

Name
Francisco Rodriguez

Street Address (P.O. Box Number is Not Acceptable)
900 Bay Dr, Apt. 423

City
Miami Beach

FL

Zip Code
33141

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 *Francisco Rodriguez* DATE 9/5/2002

Signature, typed or printed name of registered agent (and title if applicable). (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, FRANCISCO 900 BAY DDR, 423 MIAMI BCH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	800007667928--3 -09/11/02--01059--019 ****550.00 ****550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> 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: *Francisco Rodriguez* **REQUIRED** DATE 9/5/2002 DAYTIME PHONE # (305) 789-2777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)