

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031763

1. Entity Name

COMMUNICATION EXPRESS, INC.

APPROVED  
AND  
FILED

00 JUL 19 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7209 Northwest 41 Street  
Miami, Florida 33166

Mailing Address  
same

2. Principal Place of Business  
10400 Northwest 33 Street

3. Mailing Address  
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 210

City & State

City & State

Miami, FL 33172

Zip

Country

Zip

Country

4. FEI Number

65-0657831

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 Almeria Avenue  
Coral Gables, Florida 33134

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

Natalia Utrera, Vice President, Spiegel & Utrera, P.A.

7/18/00

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

(NOTE: Registered Agent's signature required when reinstating)

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 PSTD ☐ Delete  
NAME Peters, Derrick  
STREET ADDRESS 7209 Northwest 41 Street  
CITY-STATE-ZIP Miami, Florida 33166

TITLE PSTD ☐ Change ☐ Addition  
NAME Peters, Derrick  
STREET ADDRESS 10400 Northwest 33 Street, Ste. 210  
CITY-STATE-ZIP Miami, Florida 33172

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

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CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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:

Derrick Peters, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Call me Phone #

2000-12-15-0000

REINSTATEMENT

800003334898--0  
-07/25/00--01047--018  
\*\*\*\*\*900.00 \*\*\*\*\*900.00

*[Handwritten Signature]*