

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000042223**

1. Entity Name

**SPEEDY COURIER DISPATCH, INC.****FILED****Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90034 028 \*\*\*150.00

Principal Place of Business

**1295 N.E. 118TH STREET**  
**MIAMI FL 33161**

Mailing Address

**12750 SW 14 PLACE**  
**DAVIE FL 33325**

00010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0681957**

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

**TORRES, PAMELA J**  
**1295 N.E. 118TH STREET**  
**MIAMI FL 33161****TORRES, PAMELA J**  
**12750 SW 14 PLACE**  
**DAVIE, FL**  
**FL 33325**

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

*Pamela J. Torres (PRESIDENT)**2/7/11*

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

(NOTE: Registered Agent 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, 2001 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	PS	<input type="checkbox"/> Delete
NAME	TORRES, PAMELA J	
STREET ADDRESS	1295 N.E. 118TH STREET	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	TORRES, JORGE L	
STREET ADDRESS	1295 N.E. 118TH STREET	
CITY-ST-ZIP	MIAMI FL 33161	
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	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, PAMELA J	
STREET ADDRESS	12750 SW 14 PLACE	
CITY-ST-ZIP	DAVIE, FL 33325	
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, JORGE L	
STREET ADDRESS	12750 SW 14 PLACE	
CITY-ST-ZIP	DAVIE, FL 33325	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 609, 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 #

*Pamela J. Torres* **PAMELA J. TORRES** *2/7/11* **915-6641**

CR2E034 (10/00)