

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042261

1. Entity Name

LETTER EXPRESS OF BROWARD, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90210 017 ***150.00

Principal Place of Business

4765 NW 103RD AVE
BAY #21
SUNRISE FL 33-3351
US

Mailing Address

4765 NW 103RD AVE
BAY #21
SUNRISE FL 33-3351
US

2. Principal Place of Business

11110 W OAKLAND PARK BLVD

Suite, Apt. #, etc.

#374

City & State

SUNRISE FL

Zip

33351

Country

USA

3. Mailing Address

11110 W OAKLAND PARK BLVD

Suite, Apt. #, etc.

#374

City & State

SUNRISE FL

Zip

33351

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0672674

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

CATURLA, GEORGE ESQ.
4770 BISCAYNE BLVD. STE 1110
MIAMI FL 33137

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

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 PD
NAME LANDA, RAFAEL
STREET ADDRESS 2436 DEER CREEK RUN
CITY-ST-ZIP WESTON FL 33327 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 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:

Rafael Landa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 (954) 749-7474

CR2E034 (10/00)