

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000050542**

1. Entity Name

F & A EXPRESS, INC.

Principal Place of Business

**20911 JOHNSON ST
STE 131
PEMBROKE PINES FL 33029
US**

Mailing Address

**16278 NW 8TH DR.
PEMBROKE PINES FL 33028**

2. Principal Place of Business

16278 NW 8th Drive

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL.

City & State

4. FEI Number

65-0672119

Applied For

Not Applicable

Zip

33028

Country

US

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****ANTUNES, FERNANDO
16278 NW 8TH DR.
PEMBROKE PINES FL 33028**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	V			
	ANTUNES, FERNANDO	16278 NW 8TH DR.	PEMBROKE PINES FL 33028	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DSP			
	ANTUNES, FANNY	16278 NW 8TH DRIVE	PEMBROKE PINES FL 33029	

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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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FANNY ANTUNES**4/23/01**

Date

(954) 438-5709

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)