2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
03-12-2002 90267 013 ***150.00

DOCUMENT # **P96000055934**

1. Entity Name
LAND EXPRESS TRANSPORT SERVICES, INC.

Principal Place of Business	Mailing Address
~~ATLANTIC GOOD SERVICES, INC.~~	ATLANTIC GOOD SERVICES, INC.
~~3605-3637 NW 24TH ST~~	3510 SW 9 TERRACE SUITE 4
~~MIAMI FL 33142~~	MIAMI FL 33135
US	US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Land Express Transport Svc		Land Express Transport Services Inc	
Suite, Apt. #, etc.: 2400 N.W. 46 ST		Suite, Apt. #, etc.: 3510 S.W. 9 terr Suite 4	
City & State: Miami FL.		City & State: Miami FLA.	
Zip: 33142	Country: USA	Zip: 33135	Country: USA.

4. FEI Number 65-0691889 ☐ 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
SANCHEZ, JR. G	Name
3510 SW 9TERRACE SUITE 4	Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33135	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] Guillermo Sanchez Jr President
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, 2002 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	PSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SANCHEZ, GUILLERMO JR	NAME	
STREET ADDRESS	3510 SW 9 TERRACE SUITE 4	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] SIGNATURE REQUIRED Guillermo Sanchez Jr President 2/26/02 305-796-9696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)