

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099295

1. Entity Name

NIGHT DAY COURIER INC.

FILED

Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90062 001 *****8.75

01-20-2000 90062 002 ***150.00

Principal Place of Business

Mailing Address

7058 NW 77 CT
STE 100
MIAMI FL 33166
US

7058 NW 77 CT
STE 100
MIAMI FL 33166-2715
US

MAR 7 3P



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7054 NW 77 CT

7054 NW 77 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0717059

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, OSCAR
16384 NW 12 STREET
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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SANCHEZ, OSCAR
151 CRANDON BLVD., #822
KEY BISCAYNE FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SANCHEZ, OSCAR
16384 NW 12 S
PEMBROKE PINES FL 33028
DIRECTOR ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

OSCAR SANCHEZ

Date

1/10/2000

Daytime Phone #

305-4719630

CR2E034 (9/99)