

02103
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 FEB 18 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000017297

1. Entity Name

CARIBBEAN EXPRESS SHIPPING
COMPANY, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2706 NW 31st Avenue

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES, FL

City & State

Zip

33311

Country

BROWARD

Zip

Country

4. FEI Number

65-0732830

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CHUCK MOGBO, P.A.

Street Address (P.O. Box Number is Not Acceptable)

2800 W. OAKLAND PARK BLVD.

SUITE 209

City

OAKLAND PARK

FL

Zip Code

33311

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	CHIJIIOKE AZUOGU	2706 NW 31st Avenue	Lauderdale Lakes, FL 33311				
VP	EBERECHUKWU AZUOGU	6324 SEMINOLE TERRACE	MARGATE, FL 33063				
S	DAWN LAMBERT	2221 NW 60th Terrace	Sunrise, FL 33313				

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03

Date

Daytime Phone #

CR2E034B (12/02)