

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90100 012 \*\*\*150.00

**DOCUMENT # P97000050778**

1. Entity Name  
**GO EXPRESS INC.**

Principal Place of Business  
**1766 NW 82 AVE.**  
**MIAMI FL 33126**

Mailing Address  
**P.O. BOX 526323**  
**MIAMI FL 33152-6323**

2. Principal Place of Business  
**9280 NW 12 ST.**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**MIA. FL**

City & State  
 Suite, Apt. #, etc.

Zip  
**33172**

Country  
**U.S.A.**

4. FEI Number **65-0763184** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**VALIENTE, PEDRO O**  
**4792 N.W. 4TH TERRACE**  
**MIAMI FL 33126**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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.  **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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<b>P VALIENTE, PEDRO O</b> <input type="checkbox"/> Delete		
STREET ADDRESS	<b>4792 N.W. 4TH TERRACE</b>		
CITY-ST-ZIP	<b>MIAMI FL 33126</b>		

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: **Pedro O. Valiente** Date: **1/5/00** (305) 471-9004

CP/E034 (10/00)

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