

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000059484**

1. Entity Name

**R V EXPRESS SERVICES, INC.****FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90020 049 \*\*\*150.00

**713602**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>9403 FOUNTAINBLEAU BLVD. SUITE 208 MIAMI FL 33172</b>	Mailing Address <b>9403 FOUNTAINBLEAU BLVD. SUITE 208 MIAMI FL 33172</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0767112</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent
<b>AGUILLERA, VIVIAN R 9403 FOUNTAINBLEAU BLVD. SUITE 208 MIAMI FL 33172</b>

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 signatures required when reinstating) DATE9. 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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGUILERA, VIVIAN R</b>	NAME		NAME		NAME	
STREET ADDRESS	<b>9403 FOUNTAINBLEAU BLVD., SUITE 208</b>	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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NAME	<b>AGUILERA, ROBERTO</b>	NAME		NAME		NAME	
STREET ADDRESS	<b>9403 FOUNTAINBLEAU BLVD., SUITE 208</b>	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/2001** **(305) 226-9365**  
Date Daytime Phone #

CR2E034 (10/00)