

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90357 026 ***150.00

DOCUMENT # **P97000076610**

1. Entity Name
STATE'S COURIERS OVERSEAS, INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business
7846 NE BAYSHORE CT
Suite, Apt. #, etc.
4

3. Mailing Address
7846 NE BAYSHORE CT
Suite, Apt. #, etc.
4

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number
65-0855961

Applied For
Not Applicable

Zip
33138

Country
USA

Zip
33138

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DAVID J HART
Street Address (P.O. Box Number is Not Acceptable)
21 SE 1ST AVE 10 FLOOR
City
MIAMI FL Zip Code
33131

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BERNARD MOYER 7846 NE BAYSHORE CT #4 MIAMI FLORIDA 33138
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-02 305-758-6838
Date Daytime Phone #

CR2E034B (12/01)