

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/9.

FILED

Jun 08, 2000 8:00 am  
Secretary of State

05-09-2000 90120 050 \*\*\*150.00

DOCUMENT # P98000023027

1. Entity Name

NICA EXPRESS CARGO, INC.

Principal Place of Business

2080 NW. 79 Avenue  
Miami FL 33122

Mailing Address

2080 NW. 79 Avenue  
Miami FL 33122

2. Principal Place of Business

8001 NW 36 St. #105

3. Mailing Address

8001 NW 36 St. #105

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami Florida

City & State  
Miami Florida

4. FEI Number  
65-0823423

Applied For  
Not Applicable

Zip Country  
33166 Miami Dade

Zip Country  
33166 Miami Dade

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

6. Name and Address of Current Registered Agent

Saravia, Claudia  
2080 NW 79 Avenue  
Miami FL 33122

7. Name and Address of New Registered Agent

Name  
Karina Olivares

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

8001 NW 36 St. Suite #105

City Zip Code  
Miami FL 33166

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

*Karina Olivares*

Karina Olivares

4/22/00

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

(NOTE: Registered Agent signature required when reconstituting)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Saravia, Claudia 2080 NW 79 Avenue Miami FL 33122	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD Karina Olivares 8001 NW 36th Street Suite #105 Miami FL 33166	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Karina Olivares*

Karina Olivares

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/00 305-477-3182

CR2034 (9/99)