

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000035777**

1. Entity Name
ADVANCE COURIER INC.

Principal Place of Business
**539 SW 136 PLACE
MIAMI FLA 33184**

Mailing Address
SAME

2. Principal Place of Business
539 SW 136 PLACE

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33184

Country
DADE

Zip

Country

6. Name and Address of Current Registered Agent
**Rogelio Morale
539 SW 136 PL
MIA-FL 33184**

4. FEI Number
65-0832778

Applied For
☐ Not Applicable

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

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. ☐ (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

TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME ROGELIO MORALE	
STREET ADDRESS 539 SW 136 PL	
CITY-ST-ZIP MIA-FL 33184	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**700004494007--3
-07/24/01--01086--009
****150.00 ****150.00**

4/24/00 01171/001 \$150.00

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

Date _____ Daytime Phone # _____

35-569-3160

FILED

01 JUL 12 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00-01 UBR

CR2E034 (11/00)

202

July 10th.2001

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314-6327

Gentlemen,

Enclosed please find copies of letter, and check of the corporation fee for Advance Courier which we had to request the form over and over finally the ckeck was found , and it showed that it was cashed. We did not receive any other mail and we proceded to send the check for the one on april 2001, which we send before May,2001. I am forwarding to you all this information, and the check for \$150.00 which you send back to us. We believe that we send it on time, and the penalty should be waived.

If you have any question, or any other document needed, please don't hesitate to contact us.

Sincerely Yours


Rogelio Morales