

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037767

1. Entity Name

FALCON COURIER SERVICE, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90087 037 ***150.00

Principal Place of Business

Mailing Address

451 NW PL
 PEMBROKE PINES FL 33024
 US

SOUTH BROWARD ACCOUNTING SERV. INC
 7777 N DAVIE RD EXT STE 102B
 HOLLYWOOD FL 33024-2523



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0138259

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARO, MARIA E

3 BROWARD ACCTG SERVICE INC 8842 SW 3 STREET
 7777 N DAVIE RD EXT STE 102B PEMBROKE PINES FL
 HOLLYWOOD FL 33024 3504

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

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

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CARO, MARIA E	
STREET ADDRESS	451 NW 100 PL 8842 SW 3 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024 PEMBROKE PINES FL	
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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

04/21/00 (954) 450-4625
 Date Daytime Phone

CR2E034 (9/99)