

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90013 019 \*\*\*150.00

<b>DOCUMENT #</b> <u>P98 000051 736</u>			
<b>1. Entity Name</b> <u>A&amp;D Courier Serv. Corp.</u> <span style="float:right">P</span>			
<b>Principal Place of Business</b> <u>P.O. Box 441290</u> <u>Miami FL 33144</u>		<b>Mailing Address</b> <u>5767 S.W 9 Terr.</u> <u>Miami FL 33144</u>	
<b>2. Principal Place of Business</b> <u>P.O. Box 441290</u>		<b>3. Mailing Address</b> <u>5767 S.W 9 Terr.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> <u>Miami FL 33144</u>		<b>City &amp; State</b> <u>Miami FL 33144</u>	
<b>Zip</b>	<b>Country</b> <u>USA</u>	<b>Zip</b>	<b>Country</b> <u>USA</u>
<b>4. FEI Number</b> <u>650842443</u> <span style="float:right">Applied For</span> <span style="float:right">Not Applicable</span>			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <u>S.S. 595-248657</u> <u>FEI # 65-084243</u>			
<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <u>Adrian Diaz De Villegas</u> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>5767 SW 9 Terr</u> <u>Miami FL 33144</u> <b>City</b> <u>Miami</u> <b>FL</b> <b>Zip Code</b> <u>33144</u>			
<b>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.</b> <b>SIGNATURE</b> <u>[Signature]</u> <span style="float:right">DATE</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> <small>(See criteria on back)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <u>President CEO</u> <input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b> <u>Adrian Diaz De Villegas</u>	<b>NAME</b>		
<b>STREET ADDRESS</b> <u>5767 SW 9 Terr Miami FL 33144</u>	<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>	<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>	<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>	<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>	<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>		
<b>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.</b>			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<b>Date</b> _____		<b>Daytime Phone #</b> _____	

CR2E034 (9/99)