

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062800

1. Entity Name

SOLYVENCA EXPRESS INC.

Principal Place of Business

5203 GRANADA BLVD.
CORAL GABLES FL 33146

Mailing Address

5203 GRANADA BLVD.
CORAL GABLES FL 33146

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0937483

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, JOSE A
11234 S.W. 62ND LANE
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name RODOLFO SOLARES

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

5203 GRANADA BLVD.

City CORAL GABLES

FL

Zip Code 33146

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 JOSE A. MARTINEZ

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

(NOTE: Registered agent signature required when reinstating)

2/16/2001

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	VP	<input type="checkbox"/> Delete
NAME	MARTINEZ, JOSE A	
STREET ADDRESS	11234 S.W. 62ND LANE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOVOA, RAMON	
STREET ADDRESS	1785 EAST 9TH AVE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	P	<input type="checkbox"/> Delete
NAME	SOLARES, RODOLFO	
STREET ADDRESS	5203 GRANADA BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
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	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYRTHA SOLARES	
STREET ADDRESS	5203 GRANADA BLVD	
CITY-ST-ZIP	CORAL GABLES, FLA 33146	
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		

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

2/16/2001

Date

286-457-9463

Daytime Phone #

FILED
Jun 05, 2001 8:00 am
Secretary of State

02-20-2001 90081 017 ***150.00

74355



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)