

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064484

1. Entity Name

EXPRESS COAST TO COAST CORP.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90002 048 \*\*\*150.00

Principal Place of Business

4995 NW 79TH AVE  
STE 118  
MIAMI FL 33166

Mailing Address

4995 NW 79TH AVE  
STE 118  
MIAMI FL 33166-5442

2. Principal Place of Business

9517 West Flagler  
Suite, Apt. #, etc.  
suite 244  
City & State  
Miami, FL

3. Mailing Address

9517 West Flagler  
Suite, Apt. #, etc.  
suite 244  
City & State  
Miami, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0850736 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
HAZA, ALEJANDRO A  
4995 NW 79TH AVE  
STE 118  
MIAMI FL 33166

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, 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	PD	TITLE	PD
NAME	HAZA, ALEJANDRO A	NAME	alejandro haza
STREET ADDRESS	4995 NW 79TH AVE #118	STREET ADDRESS	9517 West Flagler St. suite 244
CITY-ST-ZIP	MIAMI FL 33166	CITY-ST-ZIP	Miami, FL 33174
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ 04-12-2000 3054809067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)