6/16/2002-90692-0

FILED
Jul 09, 2002 8:00 am
Secretary of State
06-16-2002 90692 046 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069523

1. Entity Name
L.J.P. Express Inc.

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[redacted] 38319

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2485 W 76 ST	2485 W 76 ST
Suite, Apt. #, etc. # 212	Suite, Apt. #, etc. # 212
City & State Hialeah FL	City & State Hialeah FL
Zip 33016 Country USA	Zip 33016 Country USA

4. FEI Number 650855911 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Karen Vergara

Street Address (P.O. Box Number is Not Acceptable)
2485 W 76th St.

City Hialeah FL Zip Code 33016

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 Karen Vergara 7/1/02
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) ☐

January 1st - May 1st Fee is $150.00
After May 1st Fee is $550.00
Amended UBR is $61.25
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.
NAME	Luis Javier Pajaro
STREET ADDRESS	2485 W 76 ST #212
CITY-ST-ZIP	Hialeah FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 06/07/02 (305)794-8172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #