2001 UNIFORM BUSINESS REPORT (UBR)

May 01, 2001 8:00 am Secretary of State DOCUMENT # **P98000084309** SPRINT INTERNATIONAL EXPRESS, INC. 05-01-2001 90088 005 ***150.00 Principal Place of Business Mailing Address 7387 NW 54 STREET 7387 NW 54 STREET MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 7247 NW 54 Street 3. Mailing Address 7247 NW 54 Street Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0866118 Miami FI Miami Florida Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33166 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATOS ANTONIO MATOE, TONY t Address (P.O. Box Number is Not Acceptable) 247 NW 54 Street 7387 NW 54 STREET **MIAMI FL 33166** Zip Code 33166 Miami 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete TITLE Addition P MATOS, TONY NAME NAME MATOS, ANTONIO STREET ADDRESS 7387 NW 54 STREET STREET ADDRESS 7247 NW 54 Street CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-ZIP Miami FL 33166 ☐ Delete TITLE ☐ Change VMP NAMe NAME STREET ADDRESS STREET ADDRESS MARIN, PATRICE DIAZ. 7247 NW 54 Street Miami FL 33166 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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 expowered 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 a address, with all other, the procedured. changed, or on an attachment with SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

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