

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90284 010 ***150.00

DOCUMENT # P98000086481

1. Entity Name
S. B. COURIER, INC.



Principal Place of Business

**2650 S.W. 27 AVE. STE 304
MIAMI FL 33133**

Mailing Address

**2650 S.W. 27 AVE. STE 304
MIAMI FL 33133**

2. Principal Place of Business

111 NE 1st Street

3. Mailing Address

111 NE 1st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5th Floor

5th Floor

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Zip

33132 MIAMI, FL

33132 USA

6. Name and Address of Current Registered Agent

**DAVIS, MAGDA MONTIEL
2650 S.W. 27 AVE, STE 304
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name **DAVIS, MAGDA MONTIEL**
Street Address (P.O. Box Number is Not Acceptable)
111 NE 1st Street, 5th Floor
City **MIAMI** FL **33132**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, MAGDA MONTIEL	
STREET ADDRESS	2650 S.W. 27 AVE, STE 304	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MONTIEL, JOSE R	
STREET ADDRESS	601 SOUTH SHORE DR	
CITY - ST - ZIP	MIAMI BEACH FL 33141	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, MAGDA MONTIEL	
STREET ADDRESS	111 NE 1st Street, 5th Floor	
CITY - ST - ZIP	MIAMI, FL 33132	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTIEL, JOSE R.	
STREET ADDRESS	601 SOUTH SHORE DR	
CITY - ST - ZIP	MIAMI BEACH, FL 33141	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/03

CR2E034 (10/02)