

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-05-2001 90088 022 ***150.00

DOCUMENT # P98000095876

1. Entity Name
AVANT-GUARD EXPRESS, INC.

Principal Place of Business 5646 3RD AVE. REAR STOCK ISLAND FL 33040	Mailing Address P.O. BOX 2268 KEY WEST FL 33045-2268
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 63 AVENUE E	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Key West, FL	City & State
Zip 33040	Country USA

4. FEI Number 65-0879913	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSADO, KAREN G
 5646 3RD AVE. REAR
 STOCK ISLAND FL 33040**

7. Name and Address of New Registered Agent

Name **KAREN G ROSADO**
 Street Address (P.O. Box Number is Not Acceptable)
63 AVENUE E
 City **Key West** FL Zip Code **33040**

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 G. Rosado* DATE **4/2/01**
(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 Tax filing requirement and elects to do so.

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROSADO, KAREN G 63 AVENUE E KEY WEST FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MORAN, WALKER 63 AVENUE E KEY WEST FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Karen G. Rosado* DATE **4/2/01** DAYTIME PHONE # **(305) 295-2511**
(Signature and typed or printed name of signing officer or director)

CR2E034 (10/00)