

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90104 031 \*\*\*150.00

1198303  
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**DOCUMENT # P98000095876**

1. Entity Name  
**AVANT-GUARD EXPRESS, INC.**

Principal Place of Business      Mailing Address

**63 AVENUE E**      **P.O. BOX 2268**  
**KEY WEST FL 33040**      **KEY WEST FL 33045-2268**



2. Principal Place of Business      3. Mailing Address

**331 AVENUE E**      **331 AVENUE E**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Key West, FL**      **Key West, FL**

Zip      Country      Zip      Country

**33040**      **MONROE**      **33040**      **MONROE**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROSADO, KAREN G**  
**63 AVENUE E**  
**KEY WEST FL 33040**

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 \_\_\_\_\_ DATE \_\_\_\_\_

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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ROSADO, KAREN G</b>
STREET ADDRESS	<b>63 AVENUE E</b>
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MORAN, WALKER</b>
STREET ADDRESS	<b>63 AVENUE E</b>
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSADO, KAREN G.</b>
STREET ADDRESS	<b>331 AVENUE E</b>
CITY-ST-ZIP	<b>Key West, FL 33040</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORAN, WALKER</b>
STREET ADDRESS	<b>331 AVENUE E</b>
CITY-ST-ZIP	<b>Key West, FL 33040</b>
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	

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

**4/23/02**      **305/292-8950**  
 Date      Daytime Phone #

CR2E034 (9/01)