2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

BLDG. 4 #11

6625 WEST 24TH COURT

HIALEAH FL 33016-7801

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

DOCUMENT # P98000104748

Country

6. Name and Address of Current Registered Agent

BLDG. 4 #11 HIALEAH FL 33016

Principal Place of Business 2025 WEST 24TH COURT

2. Principal Place of Business

GOMEZ, ROBERTO

6625 WEST 24TH COURT

Suite, Apt. #, etc.

City & State

Zip

8.

NA

M & R WORLDWIDE COURIER, INC.

BLDG. 4 #11							
HIALEAH FL 33016	City			FL	Zip Code		
8. The above named entity submits this statement for	the purpose of changing its regi	stered office or register	ed agent, or both	n, in the State of Flori	da.	<u> </u>	
SIGNATURE Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE: Reg	istered Agent signature required	when reinstating)		DATE		
or the corporation of a state of the state o		EE IS \$150.00 Fee will be \$550.00 o Department of Sta	te Trus	10. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
11. OFFICERS AND I	12.	ADDITIONS/	CHANGES TO OFFIC	ERS AND [DIRECTORS	3 IN 11	
TITLE ! NAME GOMEZ, ROBERTO STREET ADDRESS 6625 WEST 24TH COURT HIALEAH FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7.*			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emportanged, or on an attachment with an address, we have the corporation of the receiver or trustee emportanged.	true and accurate and that my s wered to execute this report as r	ionature shall have the :	same legal effec	t as it made under oa	ith: that I an	n an officer	or airector - I
SIGNATURE: SIGNATURE AND TYPED OR PI	RINTED NAME OF SIGNING OFFICER OF T	RE CTOR		Date	Day	time Phone #	

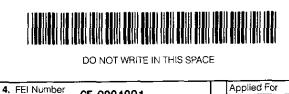
Country

Name

FILED Feb 21, 2000 8:00 am Secretary of State

02-21-2000 90014 030 ***150.00

DBDC30/1



Not Applicable

\$8.75 Additional

Fee Required

65-0881801

7. Name and Address of New Registered Agent

5. Certificate of Status Desired

Street Address (P.O. Box Number is Not Acceptable)