

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0284517 AV

DOCUMENT # P99000006741

1. Entity Name

GENERAL EXPRESS & SERVICES CORP.



Principal Place of Business

8326 NW 68TH ST.
MIAMI FL 33166

Mailing Address

8326 NW 68TH ST.
MIAMI FL 33166

2. Principal Place of Business

4831 NW 112 CT

3. Mailing Address

4831 NW 112 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State,

Miami, FL

City & State

Miami, FL

Zip

33178

Country

Zip

33178

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0897433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ECHEVERRI, ANA M
5058 NW 114TH CT
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

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

4831 NW 112 CT

City

Miami

FL

Zip Code

33178

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 **PSTD** ☐ Delete
NAME **ECHEVERRI, ANA MARIA**
STREET ADDRESS **5058 NW 114TH CT.**
CITY-ST-ZIP **MIAMI FL 33178**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **4831 NW 112 CT**
STREET ADDRESS **Miami, FL 33178**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

04-29-03

Date

Daytime Phone #

CR2E034 (10/02)