

02 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # **P99000012099**

1. Entity Name

EXPORTACIONES DIARIA COURIER + CARGO INC.

02 NOV 25 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DO NOT WRITE IN THIS SPACE****700009202007**
11/25/02--01058--009 **300.002. Principal Place of Business
1941 NW 97 Ave
Suite, Apt. #, etc.3. Mailing Address
1941 NW 97 Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Miami FL**
Zip **33172** Country **USA**City & State **Miami FL**
Zip **33172** Country **USA**4. FEI Number **65 0893289**
Applied For ☐ Not Applicable ☒5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **Galindo, Mario**
Street Address (P.O. Box Number is Not Acceptable) **1941 NW 97 Ave**
City **Miami** FL Zip Code **33172****DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

11/8/02
DATE9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$360.00

Amended UBR is \$61.25

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-STATE-ZIP	P/S/D Galindo, Mario 12785 SW 19 ST Miami, FL 33175	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T/D/D Galindo, MARIA 12785 SW 19 ST Miami, FL 33175	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like ones covered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/02**305-554-5MY4**

Date

Typed Name

7/11/27

November 8, 2002

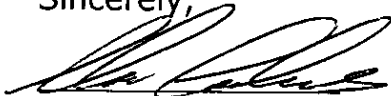
Exportaciones Diaria Courier & Cargo Inc.
1941 NW 97th Ave
Miami, FL 33172

Division of Corporations
Att: Uniform Business Report Filings
PO BOX 1500
Tallahassee, FL 32302

To Whom It May Concern:

Enclosed you will find a check for \$300.00 for the corporation annual fee of Exportaciones Diaria Courier & Cargo Inc, Document #P99000012099. This payment is for the 2001 & 2002 Uniform Business Report. The reason in which I did not pay this fee on time is because I did not receive the Uniform Business Report renewal form in the mail. Please verify our mailing address on your records to clear any discrepancies. Your cooperation in accepting this as a full payment without any other additional costs will be greatly appreciated. Thank you for your time and attention concerning this matter.

Sincerely,



Mario Galindo
President