

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014520

1. Entity Name

FLORIDA CARGO EXPRESS SERVICES COURRIER CORP.

Principal Place of Business

10850 S.W. 113 PLACE
SUITE 207
MIAMI FLORIDA 33176

Mailing Address

10850 S.W. 131 STREET
SUITE 207
MIAMI FLORIDA 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE
06-09-00 90213 008 \$150.00

4. FEI Number
65-0895527

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDUARDO HENAO
10850 S.W. 113 PLACE SUITE 207
MIAMI FLORIDA 33176

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:

 EDUARDO HENAO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/00 305-270-1313

Date

Daytime Phone #

Miami, August 2nd, 2000

FLORIDA DEPARTMENT OF STATE

Att: Annual Report Section
Division of Corporations
P.O.Box 6327
Tallahassee, FL., 32314

Reference: P99000014520 Florida Cargo Express Services Courier, Corp.

As per you request please find attached copy of corrected report dated 04/28/00 together with copy of check 1094 dated 04/28/00 covering our registration for the year 2000.

By copy of enclosed Bank statement you can see that our check 1094 was sent on time, due to the fact that checks 1093 was paid on May 01/2000 and check 1095 was paid on May 01/2000. We do not understand why you only deposited our check on June 14, 2000 as per our bank records.

Please understand our position and register our Company for year 2000 without any penalty.

Very Truly yours,

FLORIDA CARGO EXPRESS SERVICES COURIER, CORP.

Eduardo Henao
President