

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91777 034 ***150.00

DOCUMENT # *P99000015622*

1. Entity Name

HORIZONTE Express International, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

515 S.W. 97th Court

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33174

Country

USA

3. Mailing Address

10901 SW 88st

Suite, Apt. #, etc.

206

City & State

MIAMI, FLORIDA

Zip

33176

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-089454a

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Flavio Romero

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

10901 S.W. 88st #206

Miami FL

City

FL

Zip Code

33176

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.

Office or registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

Flavio Romero

4-25-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *PRESIDENT*
NAME *FLAVIO ROMERO*
STREET ADDRESS *10901 S.W. 88st. #206*
CITY-ST-ZIP *MIAMI, FLORIDA 33176*

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLAVIO ROMERO

Date

Daytime Phone #

4-25-03 305-595-8208

CR2E034B (12/02)