

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016786

1. Entity Name

M & O COURIER SERVICES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90139 045 ***150.00

Principal Place of Business

6729 COLLEGE COURT
DAVIE FL 33317

Mailing Address

6729 COLLEGE COURT
DAVIE FL 33317-7197

2. Principal Place of Business

201 RACQUET CLUB RD

3. Mailing Address

201 RACQUET CLUB RD.

Suite, Apt. #, etc.

N322

Suite, Apt. #, etc.

N322

City & State

Weston - FL

City & State

Weston - FL

4. FEI Number

65-0905138

Applied For

Not Applicable

Zip

33326

Country

U.S

Zip

33326

Country

U.S

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORALES, MANUEL
6729 COLLEGE COURT
DAVIE FL 33317

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
PRESIDENT
MANUEL MORALES.
201 RACQUET CLUB ROAD.
Weston - FL 33326.

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/00

Date

Daytime Phone #