## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P99000042144 **DOCUMENT #**

1. Entity Name

EXPRESS LANE VALET PARKING, CORPORATION



## **FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90396 013 \*\*\*150.00

Principal Place of Business 428 COLLINS AVE		Mailing Address 428 COLLINS AVE	=							
4 MIAMI BEACH FL 33139		MIAMI BEACH FL 33139	4 Miami Beach FL 33139							
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			<u> </u>	BAIII UBIII EII	<u> </u>	1811 BIBI 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			. CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			4. FEI Number 65-0917601			plied For ot Applicable	
Zip	Country	Zip	Zip Count		5. 0	Certificate of Status Desired		\$8.75 Additional Fee Required		
e .	6. Name and Address of Cur	rent Registered Agent				7. Name and Address of New Registered Agent				
RINCON, JAV 428 COLLINS	AVE #4	<del>12</del> '	I		Name Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33139			<u>-</u>	City	·		FL	Zip Cod		
8. The above nate the obligations	med entity submits this stateme s of registered agent.	nt for the purpose of changing it	s registere	d office or regi	stered ag				and accept	j
SIGNATURE	nature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registered	Agent signature req	uired when re	instating)	-07- DATE			
FILE After M	NOW!!! FEE IS \$150.00 ay 1, 2003 Fee will be \$550 ayable to Florida Departme	.00			-	Election Campaign Fin.     Trust Fund Contribution	ı.	l Added	<b>10</b> May Be d to Fees	
10.	the state of the s	AND DIRECTORS	11.	- 1	AD	DITIONS/CHANGES TO OFFI	CERS AND			6
STREET ADDRESS 12	O NCON, JAVIER 2863 SW 150 TERRACE IAMI FL 33186	☐ Delete		ET ADDRESS ST-ZIP				Change	Addition	DE034 (10/02
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete☐ Del		NAME STREE	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	à
NAME STREET ADDRESS CITY-ST-ZIP			NAME	ET ADDRESS ST-ZIP		- 		Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete		ET ADDRESS				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
indicated on	this report or supplemental repression or the receiver or trustee	d with this filing does not qualify it cort is true and accurate and that empowered to execute this repo ress; with all other like empowere	t my signai ert as requii	mption stated i ure shall have ed by Chapter	n Section the same 607, Flor	119.07(3)(i), Florida Statutes. legal effect as if made under c ida Statutes; and that my name	further cert path; that I a e appears in	tify that the i im an office n Block 10 o	information r or director ir Block 11 if	

SIGNATURE:

SIGNAT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR