

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90898 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000052762**

1. Entity Name  
**FLASH EXPRESS, INC.**

Principal Place of Business  
**8013 LAKE DR., #103**  
**MIAMI FL 33166**

Mailing Address  
**8013 LAKE DR., #103**  
**MIAMI FL 33166**

2. Principal Place of Business  
**9743 NW 44 Terrace**  
 Suite, Apt. #, etc.

3. Mailing Address  
**9743 NW 44 Terrace**  
 Suite, Apt. #, etc.

City & State  
**Miami, FL**  
 Zip  
**33178**  
 Country

City & State  
**Miami, FL**  
 Zip  
**33178**  
 Country

4. FEI Number **65-0941443** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DUQUE, GONZALO A**  
**8013 LAKE DR., #103**  
**MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**9743 NW 44 Terrace**  
 City **Miami** **FL** Zip Code **33178**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DUQUE, GONZALO A</b>		NAME	<b>9743 NW 44th Terrace</b>	
STREET ADDRESS	<b>8013 LAKE DR., #103</b>		STREET ADDRESS	<b>Miami, FL 33178</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>		CITY-ST-ZIP	<b>Miami, FL 33178</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MEJIA, BEATRIZ E</b>		NAME	<b>9743 NW 44th Terrace</b>	
STREET ADDRESS	<b>8013 LAKE DR., #103</b>		STREET ADDRESS	<b>Miami, FL 33178</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>		CITY-ST-ZIP	<b>Miami, FL 33178</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **Beatriz E. Mejia**, Vice President  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Beatriz E. Mejia** Date **4/11/02** Phone # **786-2365920**

CR2E034 (9/01)