2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9900056902 May 08, 2000 8:00 am **Secretary of State** MMR EXPRESS, INC. 05-08-2000 90071 009 ***150.00 Principal Place of Business Mailing Address 4221 S.W. 60TH PLACE 4221 S.W. 60TH PLACE MIAMI FL 33155-5229 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent ---LLANO, MARIO Street Address (P.O. Box Number is Not Acceptable) 4221 S.W. 60TH PLACE MIAMI FL 33155 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Change TITLE ☐ Delete TITLE ESPINEIRA, ENRIQUE NAME NAME STREET ADDRESS STREET ADDRESS 4221 S.W. 60TH PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 ☐ Addition ☐ Delete Change TITLE TITLE NAME LLANO, MARIO STREET ADDRESS STREET ADDRESS 4221 S.W. 60TH PLACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE 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 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 office or discontinuous 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

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

SIGNATURE:

SIGNATURE: