

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000062963**1. Entity Name
ORLANDO EXPRESS, INC.

Principal Place of Business

4722 EAST MICHIGAN STREET

ORLANDO
32812

FL

Mailing Address

4722 EAST MICHIGAN STREET

ORLANDO
32812

FL

2. Principal Place of Business

6831 SW 130 AVE

3. Mailing Address

6831 SW 130 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip

33183

Country

Zip

33183

Country

4. FEI Number

59-3587212

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

IBANEZ-CANASI LOURDES
4722 EAST MICHIGAN STREET

ORLANDO

32812

US

FL

7. Name and Address of New Registered Agent

Name

ALVAREZ LAZARO A

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

6831 SW 130 AVE

City
MIAMI

FL

Zip Code
33183

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 **LAZARO ANTONIO ALVAREZ**

04/27/2001

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, 2001 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

TITLE	SV	<input type="checkbox"/> Delete
NAME	CANASI MANUEL JR	
STREET ADDRESS	4722 EAST MICHIGAN STREET	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	IBANEZ-CANASI LOURDES	
STREET ADDRESS	4722 EAST MICHIGAN STREET	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANASI SERGIO	
STREET ADDRESS	2959 AUTUMNWOOD TRL	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ LAZARO A	
STREET ADDRESS	6831 SW 130 AVE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **LAZARO ANTONIO ALVAREZ**

PRES

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)