

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State
04-23-2000 90013 026 ***150.00

DOCUMENT # P99000063136
Entity Name
RAPIDVAN CORPORATION

Principal Place of Business Mailing Address
S.W. 111 ST. 15250 S.W. 111 ST.
FL 33196 MIAMI FL 33196-4522

LU069698



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
15309 SW 111 Street 15309 SW 111 Street
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FL MIAMI FL
Zip Zip
33196 33196
Country Country
U.S.A. U.S.A.

4. FEI Number Applied For
65-0968781. Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AGUILAR, GABRIEL A
15250 S.W. 111 ST.
MIAMI FL 33196

7. Name and Address of New Registered Agent
Name GABRIEL A. Aguilar
Street Address (P.O. Box Number is Not Acceptable)
15309 SW 111 ST
City MIAMI FL Zip Code 33196

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 04/16/00
Signature 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. 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

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	Delete	TITLE	NAME	Change Addition
STREET ADDRESS	GABRIEL A. Aguilar		STREET ADDRESS		
CITY-ST-ZIP	15309 SW 111 ST		CITY-ST-ZIP		
	MIAMI FL 33196				
TITLE	NAME	Delete	TITLE	NAME	Change Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	Delete	TITLE	NAME	Change Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	Delete	TITLE	NAME	Change Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	Delete	TITLE	NAME	Change Addition
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: 04/16/00 (301) 408-899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)