

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0263106 AV

DOCUMENT # P99000063481

1. Entity Name
RAMIREZ EXPRESS GROUP, CORP.



FILED

03 MAY -7 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7951 SW 40 ST. STE. 206
MIAMI FL 33155

Mailing Address
7951 SW 40 ST. STE. 206
MIAMI FL 33155

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0934115

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMIREZ, LUIS E
7951 SW 40 ST, STE. 206
MIAMI FL 33155

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME RAMIREZ, LUIS E
STREET ADDRESS 7951 SW 40 ST, STE. 206
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Change ☐ Addition
NAME 700018834567
STREET ADDRESS 05/13/03--01044--021 **150.00
CITY-ST-ZIP

TITLE SVD ☐ Delete
NAME RAMIREZ, MARIA N
STREET ADDRESS 7951 SW 40 ST, STE. 206
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03
Date

305-261-6251
Daytime Phone #

CR2E034 (10/02)