2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900064973 Aug 03, 2000 8:00 am Secretary of State 1. Entity Name KWIK COURIER, INC. 08-03-2000 90004 004 ***150.00 Mailing Address Principal Place of Business 8285 S.W. 136TH STTREET 8285 S.W. 136TH STTREET MIAMI FL 33156 MIAM! FL 33156 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 65-0934563 Not Applicable · Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GIARDINA, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 8285 S.W. 136TH STTREET **MIAMI FL 33156** City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change ☐ Addition GIARDINA, MICHAEL A NAME STREET ADDRESS STREET ADORESS 8285 S.W. 136TH STTREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete 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 Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP __ Change ☐ Addition TITLE ☐ Delete TITLE 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:

(attach ment Doct P99000064973)

8285 SW 136 ST. MIMMI FL 33156

DOT6233

TO THE DEPT OF STATE (CORP DIVISION)

I JUST RECEIVED THIS SECOND NOTICE FOR THE UNIFORM
BUSINESS REPORT, INEVER RECEIVED A FIRST NOTICE OR I WOULD
HAVE SENT THE CHECKS A LONG TIME AGO, THIS IS MY 1ST YEAR
HAVING THESE CORPORATIONS AND I HAD NO IDEA THAT I HAD
TO PAY AFEE OR I WOULD HAVE DONE SO LONG AGO, I AM
A ONE MAN OPERATION ADD DO NOT HAVE ANY EMPLOYEES. I
TO WRITE A LETICR OF EXPLANATION WITH THE CHECKS OF 15000
LATE FEES OF 4000 ON THESE CORPORATIONS I WILL MANE TO
THANK YOU FOR YOUR CONSIDERATION. I KNOW I HAVE TO PAY A
FEE NOW AND IN THE FUTURE I CAN ASSURE YOU IT WILL NOT BE

THANK YOU

K/ ast

MICHAGE A. GIARDINA