## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P99000064973

1. Entity Name

KWIK COURIER, INC.



**FILED** Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90975 028 \*\*\*150.00

Schematical Country   Zip   Country   Zip   Country   S. Carisficate of Status Desired   S. Additions   S. Carisficate of Status Desired   S. Carisficate of Status Desir												
Suito, Apt. #, etc.   Suite, Apt. #, etc.   GHECK HERE IF MAKING CHANGES  City & State   City &	8285 S.W. 136TH STTREET		8285	8285 S.W. 136TH STTREET								
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  \$8.75 Additions  \$8.75 Additions  \$8.75 Additions  \$8.75 Additions  Signer Address of New Registered Agent  7. Name and Address of New Registered Agent  Nomine  Street Address (P.O. Box Number is Not Acceptable)  Nomine  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  City  FL  Zip Code  City  City  FL  Zip Code  City	2. Principal F	Place of Business	<b>3.</b> Mai	3. Mailing Address								
Zip Country Zip Country	Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  AGIARDINA, MICHAEL A 2825 S.W. 136TH STIREET  MIAMI FL 33156  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 a rice obligations of registered agent or resentered registered agent or resentered registered agent or resentered registered agent on resentered registered agent or resentered registered agent on resentered registered agent or resentered registered agent or resentered registered agent on resentered registered agent or resentered registered agent or resentered registered agent on resentered registered agent or both, in the State of Florida. I am familiar with, and a registered agent or both, in the State of Florida. I am familiar with, and a registered agent or both in the State of Florida. I am familiar with, and a registered agent or both in the State of Florida. I am familiar with, and a registered agent or both in the State of Florida. I am familiar with, and a registered agent or both in the State of Florida. I am familiar with, and a registered agent or both in the State of Florida. I am familiar with, and a registered agent or both in the State of Florida. I am familiar with, and a registered agent or both in the State of Florida. I am familiar with, and a registered agent or both in the State of Florida. I am familiar with, and a registered agent or both in the State of Florida. I am familiar with, and a registered agent or both in the State of Florida. I am familiar with, and a registered agent or both in the State of Florida. I am familiar with, and	City & Stat	e	City	City & State			4. FEIN	Number 65-09	34563		<u> </u>	plied For t Applicable
GIARDINA, MICHAEL A 8285 S.W. 136TH STTREET MIAMI FL 33156  City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered sgent, or both, in the State of Florida. I am familiar with, and a choological sort or registered agent.  SIGNATURE    Superior, speed or or reach area of registered agent with the State of Florida. I am familiar with, and a choological speed agent agent with the collegations of registered agent.  SIGNATURE   Superior, speed or or reach area of registered agent with the State of Florida. I am familiar with, and a choological speed agent agent with the collegations of registered agent.  SIGNATURE   Superior, speed or or reach area of registered agent with the State of Florida. I am familiar with, and a choological speed agent	Zip				Country		5. Certi	ficate of Status D	esired			
GIÁRDINA, MICHAEL A 8285 S.W. 196TH STTREET MIAMI FL 33156  City FL Zip Code  P. Election Campaign Financing  St. Added to Fl Added to Fl Added to Fl Added to Fl Title MAME  CIARDINA, MICHAEL A  SIREE ADDRESS  CITY ST Zip MIAMI FL 33156  TITLE  MAME  SIREE ADDRESS  CITY ST Zip City		6. Name and Address of	Current Registere	d Agent				e and Address o	f New Registe	ered Ager	nt	
City   FL   Zip Code	GIARDINA, MICHAEL A			The second section is a second section of				lumber is Not Ac	ceptable)			
B. 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 a the obligations of registered agent.  SIGNATURE    Signature, typed or or redd name of ingetimed agent and the if expolicable.   (NOTE, Registered Agent signature required when reinstating)   DATE	MIAMI FL	33156				-1177						
SIGNATURE   FILE NOW!!!   FIEE IS \$150.00   State   St										TL	•	
After May 1, 2003. Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME STREET ADDRESS CITY-ST-ZIP  MIAMI FL 33156  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME STREET ADDRESS CITY-ST-ZIP  MIAMI FL 33156  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME STREET ADDRESS CITY-ST-ZIP  MIAMI FL 33156  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME STREET ADDRESS CITY-ST-ZIP  MILE NAME STREET ADDRESS CITY-ST-ZIP  MILE NAME STREET ADDRESS CITY-ST-ZIP  MILE NAME STREET ADDRESS CITY-ST-ZIP  MAME STREET ADDRESS C	• the obligat	ions of registered agent.					-				iar with, a	and accept
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET	After Make Check	r May 1, 2003 Fee will be \$ k Payable to Florida Depar	550.00 tment of State	BS				Trust Fund Co	ntribution.		Added	to Fees
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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:** 

(305) 768-0235

Daytime Phone #