

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088835

1. Entity Name

AA EXPORT EXPRESS CORP.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90872 044 ***150.00

Principal Place of Business

2834 S.W. 92ND COURT
MIAMI FL 33165

Mailing Address

2834 S.W. 92ND COURT
MIAMI FL 33165-3130

2. Principal Place of Business

5634 NW 79th Ave
Suite, Apt. #, etc.

3. Mailing Address

5634 NW 79th Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0962252

Applied For

Not Applicable

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, BERNARDO A
2834 S.W. 92ND COURT
MIAMI FL 33165

7. Name and Address of New Registered Agent

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.

SIGNATURE

Bernardo A. Gonzalez

[Signature]

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, 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

11. OFFICERS AND DIRECTORS

TITLE D
NAME GONZALEZ, BERNARDO A
STREET ADDRESS 2834 S.W. 92ND COURT
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE D
NAME RODRIGUEZ, MIGUEL
STREET ADDRESS 2834 S.W. 92ND COURT
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE D
NAME PEREZ, MAYRA C
STREET ADDRESS 2834 S.W. 92ND COURT
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

[Signature]

Date

Daytime Phone #

4/4/00 (305) 310 2543

CR2E034 (9/99)