

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **799000095947**

1. Entity Name

ALL USA EXPRESS, CORP

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-25-2001 90305 001 \*\*\*750.00

Principal Place of Business

Mailing Address

16812 N.W. 83 RD AVENUE P.O. Box 5756

Miami, Florida 33016

Hialeah, Florida 33014

**73731**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

65-1004249

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ILDEMARO PEREZ**  
16812 N.W. 83 Avenue  
Miami, Florida 33016

Name

**THOMAS PONCE**

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

16812 N.W. 83 Avenue

City

**Miami,**

**FL**

Zip Code

**33016**

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

*Thomas Ponce*

**Thomas Ponce, PSTD,**

**01-05-2001**

(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!**  
**After MAY 1, 2001**  
**Make Check Payable to Department of State**

**FEE IS \$150.00**  
**Fee will be \$550.00**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	ILDEMARO PEREZ	
STREET ADDRESS	16812 N.W. 83 Avenue	
CITY-ST-ZIP	Miami, Florida 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS PONCE	
STREET ADDRESS	16812 N.W. 83 Avenue	
CITY-ST-ZIP	Miami, Florida 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 it is the corporation or the receiver or trustee empowered to execute this report; changed, or on an attachment with an address, with all other like empowered, signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

*Thomas Ponce*

**Pres. Thomas Ponce**

**01-05-2001**

**305-828-2697**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)