

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107124

1. Entity Name
AVENEZUELA EXPRESS CARGO, CORP.

Principal Place of Business
600 LAWN WAY
MIAMI SPRINGS FL 33166

Mailing Address
600 LAWN WAY
MIAMI SPRINGS FL 33166

2. Principal Place of Business
6408 N.W. 82 AV.
Suite, Apt. #, etc.

3. Mailing Address
6408 N.W. 82 AV.
Suite, Apt. #, etc.

City & State
MIAMI FL
Zip 33166 Country DADE

City & State
MIAMI FL
Zip 33166 Country DADE

4. FEI Number 65-0969541 Applied For Not Applicable

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

LA CRUZ, GIOVANNA
600 LAWN WAY
MIAMI SPRINGS FL 33166

Name DOMINGO ROMERO
Street Address (P.O. Box Number is Not Acceptable)
6408 N.W. 82 AV.
City MIAMI FL Zip Code 33166

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 [Signature] DOMINGO ROMERO
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 - 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPO ROJO, DOMINGO ROMERO APT 11 ANACO EDO ANZOATEGUI VENEZUELA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URBANO, HENRY D TAYLOR LOS PALOS GRANDES 4TH AVE ENTRE 3Y4 PISO 9 VENEZUELA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LA CRUZ, GIOVANNA 600 LAWN WAY MIAMI SPRINGS FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOMINGO ROMERO 6408 N.W. 82 AV. MIAMI FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENRY U. TAYLOR 6408 N.W. 82 AV. MIAMI FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIOVANNA LA CRUZ 6408 N.W. 82 AV. MIAMI FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Change <input type="checkbox"/> 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] HENRY U. TAYLOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 02, 2001 8:00 am
Secretary of State
04-02-2001 90287 026 ***150.00

A0040275



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)