2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # $03573

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -3 PM 3:56

1. Entity Name
GREENLIGHT EXPRESS, INC.

Principal Place of Business	Mailing Address
8542 N.W. 66th. STREET MIAMI, FL 33166	

2. Principal Place of Business	3. Mailing Address
8542 N.W. 66th. STREET	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State
Zip: 33166 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE
06/12/01 90001025 #650

4. FEI Number 65-0219396 ☐ 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
KUCHKARIAN, JOANINHA MARTINI 8542 N.W. 66th. STREET MIAMI, FL 33166	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 _____ 6/06/01
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	PD<br~~SOA~~ KUCHKARIAN, JOANINHA M 8542 NW. 66th. STREET MIAMI, FL 33166	☐ Delete	PD KUCHKARIAN, GUILHERME M 8542 N.W. 66th. STREET MIAMI FL 33166	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KUCHKARIAN, ROBERTO 8542 N.W. 66th. STREET ~~SOA~~MIAMI FL 33166	☐ Delete	VP KUCHKARIAN, ROBERTO M 8542 NW 66th. STREET MIAMI FL 33166	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition SP

CR2E034 (11/00)

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: _____ 6/06/2001 (305) 463-8338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #