

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S13754**

1. Entity Name

**WILDCAT EXPRESS COMPANY**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90090 043 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 550216  
FT LAUDERDALE FL 33355  
US

P.O. BOX 550216  
FT LAUDERDALE FL 33355-0216  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0230363**

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

**SOLER, LUISA**  
**5445 COLLINS AVE**  
**STE M-9**  
**MIA-BEACH FL 33140**

Name **Luisa Soler**  
Street Address (P.O. Box Number is Not Acceptable)  
**1160 Sugarberry Street**  
City **NAPLES** FL Zip Code **34117**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SOLEE, LUISA</b>	
STREET ADDRESS	<b>P.O. BOX 550216 N/A</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33355</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/27/00 305-864-3384**

CR2E034 (9/99)