

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 90381 021 ***150.00

0214406

DOCUMENT # S22199

1. Entity Name

CONTINENTAL EXPRESS, INC.

Principal Place of Business

Mailing Address

~~10451 N.W. 28TH STREET~~

~~10451 N.W. 28TH STREET~~

~~#104~~

~~#104~~

MIAMI FL 33172

MIAMI FL 33172

US

US

2. Principal Place of Business

3. Mailing Address

10411 NW 28th St.

10411 NW 28th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C-104

C-104

City & State

Miami, FL 33172

City & State

Miami, FL 33172

4. FEI Number

65-0323785

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

33172

Country

33172

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

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVE.
1600 MIAMI CENTER
MIAMI FL 33131

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

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 **D** ☐ Delete
 NAME **NERA, JOSE D**
 STREET ADDRESS **GUSTAVO MEJIA RICART #76**
 CITY-ST-ZIP **SANTO DOMINGO, DR**

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

TITLE **D** ☐ Delete
 NAME **ALFARO, ESPERANZA O**
 STREET ADDRESS **1430 S BAYSHORE DR APT 605**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
 NAME **NERA, JOHANNA DE**
 STREET ADDRESS **GUSTAVO MEJIA RICART #76**
 CITY-ST-ZIP **SANTA DOMINGO DR**

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

TITLE ☐ Delete
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 NAME
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 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:

Esperanza Alfaro

Esperanza Alfaro

March 27, 2001

(305)470-9454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)