

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S51708

1. Entity Name

GENERAL EXPRESS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90445 041 ***158.75

Principal Place of Business	Mailing Address
GENERAL EXPRESS 1126 W FLAGLER ST MIAMI FL 33130 US	GENERAL EXPRESS 1126 W FLAGLER ST MIAMI FL 33130-1034 US

2. Principal Place of Business	3. Mailing Address
GENERAL EXPRESS, INC.	GENERAL EXPRESS
Suite, Apt. #, etc.	Suite, Apt. #, etc.
1126 W. FLAGLER ST.	1126 W. FLAGLER ST.
City & State	City & State
MIAMI FLORIDA	MIAMI, FLORIDA
Zip	Zip
33130	33130
Country	Country
U.S.A.	U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0259373	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CERVANTES, EMMA 1126 WEST FLAGLER STREET MIAMI FL 33130

7. Name and Address of New Registered Agent
Name
NOT CHANGED
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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: EMMA CERVANTES 04-12-00 (305) 545-7090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)