

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-06-2003 90051 030 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # S51708

1. Entity Name
GENERAL EXPRESS, INC.



Principal Place of Business
10000 NW 9TH STREET
CIRCLE #19
MIAMI, FL 33172 US

Mailing Address
10000 NW 9TH STREET
CIRCLE #19
MIAMI, FL 33172 US

455 SW 85TH B-4B
MIAMI, FL 33130

2. Principal Place of Business
10832 SW 75 Terr.
Suite, Apt. #, etc.

3. Mailing Address
10832 SW 75 Terr.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL
Zip
33173
Country

City & State
Miami, FL
Zip
33173
Country

4. FEI Number
85-0259373

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREIRA, CLAUDIA M
10000 NW 9TH STREET
CIRCLE #19
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name
IVAN C. MOYEDA

Street Address (P.O. Box Number is Not Acceptable)

10832 SW 75 Terr.

Miami

FL

Zip Code
33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ivan Moyeda*

(NOTE: Registered Agent Signature required when substituting)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$150.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
PEREIRA, CLAUDIA M
10000 NW 9TH ST., CIRCLE #19
MIAMI, FL 33172 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVISITID
Ivan C. Moyeda
10832 SW 75 Terr.
MIAMI, FL 33173 ☐ Change ☐ Addition

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ivan Moyeda*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03

Daytime Phone #

CR2E034 (10/02)