

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S93718

1. Entity Name

ALL EXPRESS CORP

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90032 003 ***150.00

0499401

Principal Place of Business 3061 SW 142 AVE MIAMI FL 33175 US	Mailing Address 3061 SW 142 AVE MIAMI FL 33175 US
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00036648



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10910 SW 25 St.	3. Mailing Address 10910 SW 25 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami - FL	City & State Miami - FL
Zip 33165	Zip 33165
Country USA	Country USA

4. FEI Number 65-0296999	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CZETYRKO, CLAUDIA 3061 SW 142 AVE MIAMI FL 33175

7. Name and Address of New Registered Agent Name Czetyrko Claudia Street Address (P.O. Box Number is Not Acceptable) 10910 SW 25 St. City Miami FL Zip Code 33165
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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 Claudia Czetyrko DATE 4.11.01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CZETYRKO, GERARDO 3061 SW 142 AVE MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CZETYRKO, CLAUDIA 3061 SW 142 AVE MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Czetyrko Gerardo 10910 SW 25 St. Miami - FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Czetyrko Claudia 10910 SW 25 St. Miami - FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Claudia Czetyrko DATE 4.11.01 DAYTIME PHONE # (305) 553.6101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)