

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jun 19, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # V09366**

1. Entity Name

MARCUS EXPRESS &amp; CARGO SERVICE INC.

Principal Place of Business

7888 NW 64TH ST

MIAMI

33166

FL

US

Mailing Address

7888 NW 64TH STREET

MIAMI

33166

FL

US

2. Principal Place of Business

835 S.W. 173RD. AVE.

3. Mailing Address

835 S.W. 173RD. AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

PEMBROKE PINES

FL

City &amp; State

PEMBROKE PINES

FL

4. FEI Number

65-0315464

Applied For

Not Applicable

Zip

33029

Country

US

Zip

33029

Country

US

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

ZAMORA EVELYN P

17445 N.W. 10TH ST.

PEMBROKE PINES

33029

FL

US

Name

ZAMORA EVELYN P

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

835 S.W. 173RD. AVE.

City

PEMBROKE PINES

FL

Zip Code

33029

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 **EVELYN P. ZAMORA**

06/19/2000

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	PSD	<input type="checkbox"/> Delete
NAME	ZAMORA EVELYN P	
STREET ADDRESS	17445 NW 10TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMORA EVELYN P	
STREET ADDRESS	835 S.W. 173RD. AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Evelyn P. Zamora

PSD 06/19/2000