

FILED
Jun 25, 2003 8:00 am
Secretary of State

06-09-2003 90109 041 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **V73938**

1. Entity Name
EAGLE EXPRESS, INC.



Principal Place of Business
**1700 N.W. 94 AVE.
MIAMI FL 33172
US**

Mailing Address
**1700 N.W. 94 AVE.
MIAMI FL 33172
US**

55049843

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0365735

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RODRIGUEZ, MARTA
4530 N.W. 2ND TERRACE
MIAMI FL 33128**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
RODRIGUEZ, MARTA
4530 NW 2 TERRACE
MIAMI FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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)(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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-03 305-593-5204

CR2E034 (10/02)



#55049843
V73938

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

June 11, 2003

EAGLE EXPRESS, INC.
1700 N.W. 94 AVE.
MIAMI, FL 33172 US

Subject: EAGLE EXPRESS, INC.

Reference Number: V73938

I NEED YOUR HELP WITH THIS, AT THE BUILDING WERE WE ARE LOCATED THEIR ARE 4 DIFFERANT OFFICES AND THEY DID NOT GIVE ME THIS REPORT UNTIL I STARTED ASKING IF SOMEONE HAD RECEIVED IT AND NOT GIVEN IT TO US. IS THEIR ANYTHING YOU CAN DO FOR US INORDER TO RELEASE US FROM PAYING THE ADDITIONAL \$400.00. THINGS ARE VERY SLOW NOW AND I CANNOT PAY THIS AT THIS MOMENT. PLEASE LET ME KNOW WHAT YOU CAN DO FOR US. I HAVE TRIED CALLING YOUR OFFICE BUT AM ALWAYS PUT ON HOLD.

PLEASE ADVISE ASAP. THANK YOU VERY MUCH.

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a MARTHA/EAGLE EXPRESS copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RH

ANNUAL REPORTS SECTION