

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 767070					
1. Entity Name EXPO TOWERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2290/95 WEST 53 PLCE HIALEAH, FL 33016			Mailing Address C/O AMERICA F & G MNGT 2011 W 62 STREET HIALEAH, FL 33016 US		
2. Principal Place of Business		3. Mailing Address		 ☐ CHECK HERE IF MAKING CHANGES	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2674851				Applied For ☐ Not Applicable	
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		
HERNANDEZ, HENRY 2011 WEST 62 ST HIALEAH, FL 33016			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 _____ (NOTE: Registered Agent signature required when withdrawing)					
FILE NOW: FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEONARDO, RODRIGUEZ R 2290/95 WEST 53 PLCE HIALEAH, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEVEN, WHETZEL O 2295 W 53 PL #203 HIALEAH, FL 33016	☐ Delete	U00000161255 05/24/04-80001-001-61-255		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOMINGUEZ, RAUL 2290 WEST 54TH PLACE #109 HIALEAH, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Leonard R. Rodriguez</i>	☐ Delete	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)(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 517, 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: <i>Leonard R. Rodriguez</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CH2E037 (10/02)