

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 17, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000049341**

1. Entity Name  
 EXPOGLOBE INTERNATIONAL, INC.

Principal Place of Business  
 9903 COSTA DEL SOL BLVD.  
 MIAMI FL 33178

Mailing Address  
 9903 COSTA DEL SOL BLVD.  
 MIAMI FL 33178

2. Principal Place of Business  
 7270 NW 12TH. STREET

3. Mailing Address  
 7270 NW 12TH. STREET

Suite, Apt. #, etc.  
 SUITE S30

Suite, Apt. #, etc.  
 SUITE S30

City & State  
 MIAMI FL

City & State  
 MIAMI FL

Zip Country  
 33126

Zip Country  
 33126

4. FEI Number  
**65-0672500**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

CEVALLOS MANUEL  
 9903 COSTA DEL SOL BLVD.  
 MIAMI FL 33178

**7. Name and Address of New Registered Agent**

Name  
 CEVALLOS MANUEL

Street Address (P.O. Box Number is Not Acceptable)  
 7270 NW 12TH. STREET

SUITE S30

City MIAMI FL Zip Code 33126

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 \_\_\_\_\_ DATE **04/17/2001**

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	S	<input checked="" type="checkbox"/> Delete
NAME	ROSS KELLY	
STREET ADDRESS	2810 MEDILL PL	
CITY-ST-ZIP	LOS ANGELES CA 90064	
TITLE	TS	<input type="checkbox"/> Delete
NAME	CEVALLOS DEA	
STREET ADDRESS	9903 COSTA DEL SOL BLVD.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	P	<input type="checkbox"/> Delete
NAME	CEVALLOS MANUEL	
STREET ADDRESS	9903 COSTA DEL SOL BLVD.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEVALLOS DEA LMRS.	
STREET ADDRESS	7270 NW 12TH. STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEVALLOS MANUEL FMR.	
STREET ADDRESS	7270 NW 12TH. STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:** Manuel F. Cevallos PD 04/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)