

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/2

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90330 019 \*\*\*150.00

**DOCUMENT # P98000070894**  
 1. Entity Name  
**EXPRESSMANIA CORP.**

Principal Place of Business 17190 SW 142ND PL MIAMI FL 33177	Mailing Address 17190 SW 142ND PL MIAMI FL 33177
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>Express Mania Corp</b> Suite, Apt. #, etc. <b>8288 N.W. 66 Street</b> City & State <b>Miami FL</b> Zip <b>33166</b> Country <b>DADE</b>	3. Mailing Address <b>Express Mania Corp</b> Suite, Apt. #, etc. <b>8288 N.W. 66 Street</b> City & State <b>Miami FL</b> Zip <b>33166</b> Country <b>DADE</b>
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4. FEI Number <b>65-0861007</b>	Applied For No: Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**OCNER, EDUARDO**  
~~8188 NW 66TH STREET~~  
**MIAMI FL 33166**

7. Name and Address of New Registered Agent  
 Name **OCNER ELSA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8288 NW 66 ST.**  
 City **Miami** FL Zip Code **33166**

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 **5-30-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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		<input type="checkbox"/> Delete
TITLE <b>PD</b>	NAME <b>OCNER, EDUARDO</b>	<input type="checkbox"/>
STREET ADDRESS <b>8288 NW 66TH STREET</b>		
CITY-ST-ZIP <b>MIAMI FL 33166</b>		
TITLE <b>VP</b>	NAME <b>OCNER ELSA</b>	<input type="checkbox"/>
STREET ADDRESS <b>8288 NW 66 ST.</b>		
CITY-ST-ZIP <b>Miami FL 33166</b>		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
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)(f), 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: **EDUARDO OCNER** DATE: **4/20/2001** DAY TO PHONE: **305-930-4713**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)