

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90113 038 \*\*\*150.00

DOCUMENT # **P98000070894**

1. Entity Name  
**EXPRESSMANIA CORP.**

Principal Place of Business <del>8288 NW 66 STREET</del> <b>MIAMI FL 33166</b> <b>6969 N.W. 82 AVE</b> <b>MIAMI FL 33166</b>	Mailing Address <del>8288 NW 66 STREET</del> <del>MIAMI FL 33166</del> <b>6969 N.W. 82 AVE</b> <b>MIAMI FL 33166</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0861007**

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

~~OGNER, ELSA~~ **OCNER ELNA**  
~~8288 NW 66 STREET~~  
~~MIAMI FL 33166~~

Name **OCNER ELNA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6969 N.W. 82 AVE**  
 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

(NOTE: Registered Agent signature required when reinstating)

4/9/02

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, 2002 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>OCNER, EDUARDO</b>	
STREET ADDRESS	<del>8288 NW 66TH STREET</del> <b>6969 N.W. 82 AVE</b>	
CITY-ST-ZIP	<del>MIAMI FL 33166</del> <b>MIAMI FL 33166</b>	

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	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>OGNER, ELSA</b>	
STREET ADDRESS	<del>8288 NW 66 STREET</del> <b>6969 N.W. 82 AVE</b>	
CITY-ST-ZIP	<del>MIAMI FL 33166</del> <b>MIAMI FL 33166</b>	

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		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

Date

305 970-4713

Daytime Phone #

CR2E034 (9/01)