2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State
07-17-2001 90003 008 ***558.75

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DOCUMENT # P98000041893

1. Entity Name
EXPO-AIRE, INC.

Principal Place of Business	Mailing Address
~~432 EAST 9 STREET~~ ~~HIALEAH FL 33010~~	~~432 EAST 9 STREET~~ ~~HIALEAH FL 33010~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
830 East 1st Avenue	VLN 79 4440 N.W. 73th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah Florida	City & State: Miami Florida
Zip: 33010 Country: U.S.A.	Zip: 33166 Country: U.S.A.

4. FEI Number 65-0846580 ☐ 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
CAMARGO, JOHANN JOSE ~~432 EAST 9 STREET~~ ~~HIALEAH FL 33010~~	Name Street Address (P.O. Box Number is Not Acceptable): VLN 79 4440 N.W. 73th Avenue 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
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 $550.00
After September 12, 2001 Fee will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~CAMERGO, JOHANNA J~~ ~~432 EAST 9 STREET~~ ~~HIALEAH FL 33010~~ ☐ Delete CAMARGO, JOHANN J. 830 E. 1st Ave Hialeah Fl 33010	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD CAMARGO, JOSE F 888 NE 89TH STREET MIAMI FL 33138 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REYES, EDITH M 888 NE 89TH STREET MIAMI FL 33138 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD CAMARGO, JONATHAN 888 NE 89TH STREET MIAMI FL 33138 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

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: X SIGNATURE REQUIRED 7/11/2001 (305) 9872600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #