

AMENDED

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 22 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500008529595

10/22/02--01039--024 **70.00

DOCUMENT # K 30736

1. Entity Name

OFFICE EXPRESS SUPPLIES, INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8005 W 20 Avenue

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

4. FEI Number

65-0085768

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Tomas Fuentes

Street Address (P.O. Box Number is Not Acceptable)

15005 NW 87 Court

City

Miami Lakes

FL

Zip Code

33018

**DO NOT WRITE
IN THIS SPACE**

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

Libia Fuentes - Director

10/16/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	Director Libia Fuentes 15005 NW 87 Court Miami Lakes, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Tomas Fuentes 15005 NW 87 Court Miami Lakes, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Randy Garcia 7933 NW 161 Terrace Miami Lakes, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Daniel Fuentes 16001 NW 79 Court Miami Lakes, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Blanca Garcia 7933 NW 161 Terrace Miami Lakes, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-02 305-557-1667

Date

Daytime Phone #

CR2E034B (12/01)