

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90155 012 \*\*\*150.00

DOCUMENT # 467012

1. Entity Name  
AMERICAN EXPOS, INC.



Principal Place of Business  
C/O OLWELL. TRAVER  
100 NE 3 AVE. 110  
FT. LAUDERDALE FL 33301  
US

Mailing Address  
C/O OLWELL. TRAVEL  
100 NE 3 AVE. 110  
FT. LAUDERDALE FL 33301  
US



2. Principal Place of Business  
917 NE 20 AVE  
Suite, Apt. #, etc.

3. Mailing Address  
917 NE 20 AVE  
Suite, Apt. #, etc.

☐ - CHECK HERE IF MAKING CHANGES

City & State  
FT. LAUDERDALE FL  
Zip Country  
33304 USA

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FT. LAUDERDALE FL  
Zip Country  
33304 USA

4. FEI Number 59-1575362  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ADAMS, MARSHALL A.  
2400 E. COMMERCIAL BLVD.  
SUITE 720  
FT. LAUDERDALE FL 33308

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAY, GERALD R 100 NE 3RD AVE #110 FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAY, CLIFFORD 100 NE 3RD AVE #110 FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAY, GREGORY M. 100 NE 3RD AVE #110 FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAY, MILDRIAN 100 NE 3RD AVE #110 FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, BRIAN 100 NE 3RD AVE #110 FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	917 NE 20 AVE FT LAUD FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	917 NE 20 AVE FT LAUD FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	917 NE 20 AVE FT LAUD FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	917 NE 20 AVE FT LAUD FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	917 NE 20 AVE FT LAUD, FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. ADAMS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03 954 797 0015  
Date Daytime Phone #

CR2E034 (10/02)