

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F21690

1. Entity Name

EXPA CORPORATION

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90304 042 ***150.00

Principal Place of Business

5519 NW 72 AVENUE
MIAMI FL 33166
US

Mailing Address

5519 NW 72 AVENUE
MIAMI FL 33166
US

2. Principal Place of Business

3. Mailing Address

8916 SW 150 PL CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI FLORIDA

4. FEI Number 59-2092475

Applied For

Not Applicable

Zip

Country

Zip

Country

33196

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

ESTRADA, JOSE F
8916 SW 150TH PL CIR
MIAMI FL 33196

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.

SIGNATURE

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ESTRADA, JOSE FERNANDO
STREET ADDRESS 8916 SW 150TH PL CIR
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME ESTRADA, CECILIA
STREET ADDRESS 8916 SW 150TH PL CIR.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

J. F. Estrada JOSE F. ESTRADA

1/26/01 305 8840751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)