

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90031 009 \*\*\*158.75

**DOCUMENT # F95418**

1. Entity Name

**EXPASA FLORIDA, INC.**

Principal Place of Business

Mailing Address

**8284 NW 14TH ST  
MIAMI FL 33126**

**8284 NW 14TH ST  
MIAMI FL 33176-1550**

2. Principal Place of Business

**10661 North Kendall Drive**

3. Mailing Address

**10661 North Kendall Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 210**

**Suite 210**

City & State

**Miami, Florida**

City & State

**Miami, Florida**

Zip

**33176-1550**

Country

**USA**

Zip

**33176-1550**

Country

**USA**

6. Name and Address of Current Registered Agent

**ORTEGA, NELSON LUIZ C  
8284 NW 14TH ST  
MIAMI FL 33126**

4. FEI Number

**59-2214892**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**10661 North Kendall Drive**

**Suite 210**

City  
**Miami**

**FL**

Zip Code

**33176-1550**

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, 2000 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>PST</b>	<input type="checkbox"/> Delete
NAME	<b>ORTEGA, NELSON LUIZ C</b>	
STREET ADDRESS	<b>8284 NW 14TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>10661 North Kendall Drive, Suite 210</b>
CITY-ST-ZIP	<b>Miami, Florida 33176-1550</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 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

Date

Daytime Phone #

**305-279-7810**

CR2E034 (9/99)