

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J22385

1. Entity Name  
**EXPRESS CHEMICAL CORP.**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90293 010 \*\*\*150.00

Principal Place of Business

**1900 LIBERTY AVE.  
MIAMI BEACH FL 33139**

Mailing Address

**1900 LIBERTY AVE.  
MIAMI BEACH FL 33139**

2. Principal Place of Business

**1900 Liberty Ave**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc. **SAME**

City & State

**Miami Beach, FLA**

City & State

Zip **33139**

Country **Dade**

Zip

Country

4. FEI Number **59-2700907**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**EISENBERG, DIANE  
1379 N VENETIAN WAY  
MIAMI BEACH FL 33139**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

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

TITLE **ST** ☐ Delete  
NAME **EISENBERG, EDWARD M.**  
STREET ADDRESS **1379 N VENETIAN WAY**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **P** ☐ Delete  
NAME **EISENBERG, DIANE**  
STREET ADDRESS **1379 N VENETIAN WAY**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **P** ☐ Delete  
NAME **EISENBERG, ROD**  
STREET ADDRESS **324 20TH STREET**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

**Edward M Eisenberg**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/01**  
Date

**(305) 534 1731**  
Daytime Phone #

CR2E034 (10/00)