

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000911

1. Entity Name

EXPRESS BUSINESS & FINANCIAL SERVICES INC.



FILED
Sep 08, 2000 8:00 am
Secretary of State

04-27-2000 90045 041 ***150.00

09-08-2000 90006 004 ***550.00

Principal Place of Business

12311 NW 15TH STREET
PEMBROKE PINES FL 33026

Mailing Address

12311 NW 15TH STREET
PEMBROKE PINES FL 33026

2. Principal Place of Business

6521 Pembroke Rd.

Suite, Apt. #, etc.

3. Mailing Address

6521 Pembroke Rd.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

65 0981 083

Applied For

Not Applicable

Zip

33023

Country

BROWARD

Zip

33023

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

HILL, STAN
2885 N.W. 69 TERRACE
MARGATE FL 33073

7. Name and Address of New Registered Agent

Name

CALVIN CLARKE

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

12311 NW 15 ST

City

PEMBROKE PINES

FL

Zip Code

33026

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)

9/5/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President Bernadeth Patterson Clarke
STREET ADDRESS	12311 NW 15th ST
CITY-ST-ZIP	Pembroke Pines FL 33026
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE President CALVIN CLARKE
STREET ADDRESS	12311 NW 15th ST
CITY-ST-ZIP	PEMBROKE PINES FL 33026
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)(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:

Bernadeth Patterson Clarke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/5/00
954 961 8581

CR2E034 (5/00)