

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022829

1. Entity Name

EXPRESS MARKETING INTERNATIONAL INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90045 042 ***150.00

Principal Place of Business

2041 SW 70 AVE., BAY D-6
DAVIE FL 33317

Mailing Address

2041 SW 70 AVE., BAY D-6
DAVIE FL 33317

2. Principal Place of Business

766 NW 99th Circle

Suite, Apt. #, etc.

3. Mailing Address

766 NW 99th Circle

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION FL 33324

City & State

PLANTATION FL 33324

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33324

Country

BROWARD

Zip

33324

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEIKH, BABAR

2041 SW 70 AVE., BAY D-6
DAVIE FL 33317

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, by 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

03/28/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SHEIKH, BABAR
766 NW 99 CIRCLE
PLANTATION FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
HAFEEZ, MOHAMMAD K
766 NW 99 CIR.
PLANTATION FL 33324 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/01

Date

954-224-2204

Daytime Phone #

CR2E034 (10/00)