

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068217

1. Entity Name
EXPANSION DIGITAL, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90002 046 ***150.00

Principal Place of Business
9200 S DADELAND BLVD, STE 603
MIAMI FL 33156

Mailing Address
9200 S DADELAND BLVD, STE 603
MIAMI FL 33156

971019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
541 NE 81st Street
Suite, Apt. #, etc.

3. Mailing Address
541 NE 81st Street
Suite, Apt. #, etc.

City & State
Miami FL
Zip
33128
Country
Miami-Dade

City & State
Miami FL
Zip
33128
Country
Miami-Dade

4. FEI Number
65-1025580
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CUEVAS, ANDREW ESQ
9200 S DADELAND BLVD, STE 603
MIAMI FL 33156

7. Name and Address of New Registered Agent
Name
Bernardo Tavera
Street Address (P.O. Box Number is Not Acceptable)
1820 NW 94th Ave
City
Plantation FL Zip Code
33322

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	TAVERA CASTILLO, MARIA CRISTINA	
STREET ADDRESS	9200 S DADELAND BLVD, STE 603	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VARGAS DE ESPINAL, GLORIA INES	
STREET ADDRESS	9200 S DADELAND BLVD, STE 603	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	T	<input type="checkbox"/> Delete
NAME	TAVERA CASTILLO, ADRIANA	
STREET ADDRESS	9200 S DADELAND BLVD, STE 603	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	S	<input type="checkbox"/> Delete
NAME	TAVERA GAITSKELL, BERNARDO	
STREET ADDRESS	9200 S DADELAND BLVD, STE 603	
CITY-ST-ZIP	MIAMI FL 33156	
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 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	
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **4/27/2001** Daytime Phone # **(954)-295-4883**

CR2E034 (10/00)