

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90015 023 \*\*\*150.00

**DOCUMENT #** P0000011534  
**1. Entity Name**  
 EXPRESSION Unlimited INC.

**Principal Place of Business**  
 701 South Homestead Blvd  
 Suite 4  
 Homestead, Florida 33030

**Mailing Address**  
 701 South Homestead Blvd  
 Suite 4  
 Homestead, Florida 33030

49056

**2. Principal Place of Business**  
 10876 S.W. 188 st  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 10876 SW 188 st  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
 Miami, Fla

**City & State**  
 Miami, Fla

**Zip** 33157 **Country**

**Zip** 33157 **Country** USA

**4. FEI Number**  
 65-1059845

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 Benson, Bernard H. Jr.  
 701 South Homestead Blvd  
 Suite 4  
 Homestead, FLA 33030

**7. Name and Address of New Registered Agent**

**Name** Benson, Bernard H. Jr.  
**Street Address (P.O. Box Number is Not Acceptable)**  
 10876 SW 188 st.  
**City** Miami, Fla. **FL** **Zip Code** 33157

**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** \_\_\_\_\_ (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**

<b>TITLE</b> PD	<b>NAME</b> Benson, Bernard H. Jr.	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 701 South Homestead Blvd Suite 4		
<b>CITY-ST-ZIP</b> Homestead, FLA 33030		
<b>TITLE</b> VTD	<b>NAME</b> Benson, Sharon E.	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> 701 South Homestead Blvd		
<b>CITY-ST-ZIP</b> Homestead, FL 33030		
<b>TITLE</b> J.D.	<b>NAME</b> Adams, Quiana C.	<input checked="" type="checkbox"/> Delete
<b>STREET ADDRESS</b> 701 South Homestead Blvd Suite 4		
<b>CITY-ST-ZIP</b> Homestead, FL 33030		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> PD	<b>NAME</b> Benson, Bernard H. Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 10876 SW 188 st		
<b>CITY-ST-ZIP</b> Miami, FLA. 33157		
<b>TITLE</b> VTD	<b>NAME</b> Benson, Sharon E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 10876 SW 188 st.		
<b>CITY-ST-ZIP</b> Miami, FLA. 33157		
<b>TITLE</b> VDS	<b>NAME</b> Benson, Edwin	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 20010 SW 116 Ave		
<b>CITY-ST-ZIP</b> Miami, FLA		
<b>TITLE</b> VD	<b>NAME</b> Morgan, Brine	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 14625 SW 104 Place		
<b>CITY-ST-ZIP</b> Miami, FLA. 33176		
<b>TITLE</b> VD	<b>NAME</b> Kizer, Terral A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 10876 SW 188 st		
<b>CITY-ST-ZIP</b> Miami, FLA. 33157		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** B. H. Benson Jr.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G-11-01 786-242-0130  
 Date Daytime Phone #

CR2E034 (11/00)