

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90082 023 ***150.00

05/17/02 AV

DOCUMENT # P00000111534

1. Entity Name
EXPRESSIONS UNLIMITED, INC.

Principal Place of Business

**10876 SW 188 ST
 MIAMI FL 33157**

Mailing Address

**10876 SW 188 ST
 MIAMI FL 33157**

2. Principal Place of Business

9900 SW 168 st. #

3. Mailing Address

9900 SW 168 st

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

Suite 4

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33157

Country

USA

Zip

33157

Country

USA

4. FEI Number

65-1059845

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BENSON, BERNARD H JR
 10876 SW 188 ST
 MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name

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

City

MIAMI

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

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	BENSON, BERNARD H JR	
STREET ADDRESS	10876 SW 188 ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BENSON, SHARON E	
STREET ADDRESS	10876 SW 188 ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	BENSON, EDWIN	
STREET ADDRESS	20010 SW 116 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, BRINE	
STREET ADDRESS	14625 SW 104 PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KIZER, TERRANCE A	
STREET ADDRESS	10876 SW 188 ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, BERNARD H. JR	
STREET ADDRESS	9900 SW 168 st #4	
CITY-ST-ZIP	MIAMI, FLA. 33157	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, SHARON E	
STREET ADDRESS	9900 S.W. 168 st #4	
CITY-ST-ZIP	MIAMI, FLA. 33157	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARILYN MILLS	
STREET ADDRESS	20750 SW 113th Road	
CITY-ST-ZIP	MIAMI, FLA. 33189	
TITLE		<input type="checkbox"/> Change <input checked="" 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

4-25-02

Date

786-242-0130

Daytime Phone #

CR2E034 (9/01)