# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000046112

1. Entity Name
NEW EXPRESSION OF MIAMI, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 20 PM 2:56

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT 04**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8765 SW 109 ST | SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. SAME |
| City & State MIAMI FL | City & State SAME |
| Zip 33176 Country MIAMI DADE | Zip SAME Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1101842 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MARIA BOKINIEC

Street Address (P.O. Box Number is Not Acceptable) 8765 SW 109 ST

City MIAMI FL Zip Code 33176

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 X Maria Bokiniec 10-18-04
Signature, type 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) ☐

**January 1 - May 1: Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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 | D - PRESIDENT<br>BOKINIEC, KAZIMIERZ<br>8765 SW 109 ST MIA FL 33176 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D - SECT-TRES<br>BOKINIEC, MARIA<br>8765 SW 109 ST<br>MIAMI FL 33176 |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 000042369800<br>11/01/04--01036--022 **150.00 |
| TITLE / 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; or that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria Bokiniec Sect-Tres Reg Agent 10-18-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARIA BOKINIEC

Miami October 18 2004

Florida Dept of State
Secretary of State
Division Corporations
Tallahasse,fl 32314

Annual Report Year 2004
Re: Doc Locator # P01000046112 New Expression of Miami Inc

Gentlemen:

We found our corporation is being dissolved. We moved from our old address to a new address 8765 SW 109 Street miami,Fl 33176 and we never received the Annual Report. Enclosed please find our fees to re-instate and respectfully request from you that you waive the penalties for reasonable cause.

Ours is a very small business and these penalties will cause on us heavy hardship.

We thank you very much for your help and remain,

Very truly yours,

Maria Bokiniec Registered Agent
New Expression of Miami Inc