

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90323 033 \*\*\*158.75

DOCUMENT # PO1000096348  
1. Entity Name  
EXPRESS one Printing, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
8754 SW 8th St.  
Suite, Apt. #, etc.

3. Mailing Address  
8754 SW 8th St.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami, FL

City & State  
Miami

4. FEI Number  
65-1142489

Applied For  
Not Applicable

Zip  
33174  
Country  
USA

Zip  
33174  
Country  
USA

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  
Jorge A Carmenate

Street Address (P.O. Box Number is Not Acceptable)  
2464 W 80th St.

Bay # 4

City  
Hialeah FL Zip Code  
33012

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, typewritten or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/02

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	<u>P</u> <u>Jorge Carmenate</u> <u>2464 W 80th St Bay # 4</u> <u>Hialeah, FL 33016</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>T/S</u> <u>Jorge A Carmenate</u> <u>2464 W 80th St. Bay # 4</u> <u>Hialeah, FL 33016</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 305-553-4333

Date

Daytime Phone #