FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED P02000050744

3/2

03 MAY -7 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P02000050744

1. Entity Name M & R Expressions INC

Document No. Not Hand -

DO NOT WRITE IN THIS SPACE

03-21-03 90101 003 $150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5721 NE 19 Av	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale FL	City & State: Same
Zip: 33308 Country: USA	Zip: Same Country:

4. FEI Number 02-0608427 ☑ 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: Manuel Rocha

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

5721 NE 19Ave

City: Fort Lauderdale FL FL Zip Code: 33308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Manuel Rocha no changes 3/12/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME: Manuel Rocha STREET ADDRESS: 5721 NE 19AVE CITY-ST-ZIP: Fort Lauderdale FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Manuel Rocha
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #