

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037886

1. Entity Name

THE EXPERIUS CORPORATION

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90006 028 \*\*\*150.00

Principal Place of Business

Mailing Address

1 GROVE ISLE DR  
1202  
MIAMI FL 33133  
US

1 GROVE ISLE DR  
1202  
MIAMI FL 33133-4108  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0414528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RUBIN, MICHAEL A~~  
~~420 S DIXIE HWY~~  
~~SUITE #4B~~  
~~CORAL GABLES FL 33146~~

Name

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

City

FL

Zip Code

JAMES M. SCHMIDT  
1 GROVE ISLE DRIVE  
SUITE 1202  
COCONUT GROVE FL 33133

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

*James M. Schmidt* JAMES M. SCHMIDT

4/28/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDC	<input type="checkbox"/> Delete
NAME	SCHMIDT, J.M.	
STREET ADDRESS	1 GROVE ISLE DR #1202	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	SCKMIDT, SL	
STREET ADDRESS	1 GROVE ISLE DR #1202	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUBIN, MICHAEL	
STREET ADDRESS	420 S DIXIE HWY / STE - 4B	
CITY-ST-ZIP	CORAL GABES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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:

*James M. Schmidt* J.M. SCHMIDT

Date

Daytime Phone #

4/28/2000 305-858-8260

CR2E034 (9/99)