## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

P93000045858

1. Entity Name

EXPRESS BUILDERS, INC.



**FILED** Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90125 037 \*\*\*150.00

Principal Place of Business 2699 COLLINS AVENUE SUITE 107-108 MIAMI BEACH FL 33140 US		Mailing Address 9572 ABBOTT AVE SURFSIDE FL 33154			
2. Principal Place of Business		3. Mailing Address		- I TORRITORI THE FIRSTER HATTLE CONTINUENTIAL CONTINUENTIAL CLASS CONTINUENTIAL CONTI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0421032	Applied For Not Applicable
Zip	Country	Zip	Country		75 Additional Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Ager	_
BAKKER, PIETER			Name		
9572 ABB			Street Addre	ess (P.O. Box Number is Not Acceptable)	
SURFSIDE	_				
•			City	FL	Zip Code
3. 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 .	Signature, typed or printed name of regis	stered agent and title if applicable. (NOT)	E: Registered Agent signature rec	quired when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.		ERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BAKKER, PIETER 9572 ABBOTT AVENUE SURFSIDE FL 33154	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-2IP		Change
12. Thereby c	ertify that the information supp	blied with this filling does not qualify for		Section 119.07(3)(i), Florida Statutes, I further certify th	at 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 regeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address with an other like empowered.

SIGNATURE: