

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91041 050 ***150.00

DOCUMENT # P93000082206

1. Entity Name
OFFICE EXPRESSIONS, INC.



Principal Place of Business
**10725 WEST FLAGLER ST
MIAMI FL 33174
US**

Mailing Address
**10725 WEST FLAGLER ST
MIAMI FL 33174
US**



2. Principal Place of Business
10155 N.W. 9 ST. CIRCLE

Suite, Apt. #, etc.
APT. 502

City & State
MIAMI, FLORIDA

Zip
33172

Country
DADE

3. Mailing Address
10155 N.W. 9 ST. CIRCLE

Suite, Apt. #, etc.
APT. 502

City & State
MIAMI, FLORIDA

Zip
33172

Country
DADE

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0456284

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ELINA, M. VERDECIA
10725 WEST FLAGLER ST
MIAMI FL 33174**

7. Name and Address of New Registered Agent

Name
ELINA M. VERDECIA
Street Address (P.O. Box Number is Not Acceptable)
**10155 N.W. 9 ST. CIRCLE
APT. # 502**
City
MIAMI FL Zip Code
33172

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 **ELINA M. VERDECIA**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
04-16-03

**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. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME VERDECIA, ELINA M	
STREET ADDRESS 10725 WEST FLAGLER ST	
CITY-ST-ZIP MIAMI FL 33174	
TITLE S	<input type="checkbox"/> Delete
NAME CABANAS, ELINA	
STREET ADDRESS 10725 WEST FLAGLER ST	
CITY-ST-ZIP MIAMI FL 33174	
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VERDECIA, ELINA M.	
STREET ADDRESS 10155 N.W. 9 ST. CIRCLE, #502	
CITY-ST-ZIP MIAMI, FLORIDA 33172	
TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CABANAS, ELINA	
STREET ADDRESS 10155 N.W. 9 ST. CIRCLE, #502	
CITY-ST-ZIP MIAMI, FLORIDA 33172	
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	
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	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **ELINA M. VERDECIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-03 (305) 282-1959

Date

Daytime Phone #

CR2E034 (10/02)