

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90093 017 ***158.75

DOCUMENT # P 95000044580

1. Entity Name
EXPRESSO INTERNATIONAL OTC HEND INC
D.B.A. BUS ONE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2601 NW LEJEUNE RD
Suite, Apt. #, etc.

3. Mailing Address
2601 NW LEJEUNE RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL
Zip
FL Country

City & State
MIAMI FL
Zip
33142 Country

4. FEI Number
65-0723902
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 PEDRO A. FORTES
Street Address (P.O. Box Number is Not Acceptable)
2601 NW LEJEUNE RD
City MIAMI FL Zip Code 33142

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] PEDRO A. FORTES 04-10-02
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) ☒

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>D OR MENDO CABRERA, JOAQUIN</u> <u>320 ATLANTIC RD</u> <u>KEY BISCAINE FL, 33149</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D OR MENDO MAIONE, LUIS J.</u> <u>320 ATLANTIC RD</u> <u>KEY BISCAINE FL 33149</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D OR MENDO MAIONE, JULIO C</u> <u>320 ATLANTIC RD</u> <u>KEY BISCAINE FL 33149</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D OR MENDO MAIONE, CECILIA M</u> <u>320 ATLANTIC RD</u> <u>KEY BISCAINE FL 33149</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D OR MENDO MAIONE MERCEDES I</u> <u>320 ATLANTIC RD</u> <u>KEY BISCAINE FL 33149</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D OR MENDO MAIONE, MARIA D</u> <u>320 ATLANTIC RD</u> <u>KEY BISCAINE FL 33149</u>

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-02 (305) 870-0919
Date Daytime Phone #

CR2E034B (12/01)