

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007493

1. Entity Name  
N.Y. EXPRESSION INC. OF FLORIDA

Principal Place of Business

NY EXPRESSIONS  
4970 SW 52ND ST #311  
DAVIE FL 33314

Mailing Address

NY EXPRESSIONS  
4970 SW 52ND ST #311  
DAVIE FL 33314

2. Principal Place of Business

11870 STATE ROAD 84

3. Mailing Address

SAME

Suite, Apt. #, etc.

CS

Suite, Apt. #, etc.

SAME

City & State

DAVIE, FL

City & State

SAME

Zip

33325

Country

U.S.A

Zip

SAME

Country

4. FEI Number 65-0638543

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

NIEVES, MARIA DEL CARM

Name

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

City

FL

Zip Code

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

MC Nieves

3-20-2001

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, 2001 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 P ☐ Delete  
NAME CARMEN, NIEVES  
STREET ADDRESS 1152 GINGER CIRCLE  
CITY-ST-ZIP WESTON FL 33326

TITLE MOE N. WASIF V.P & SEC. ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 1152 GINGER CIRCLE  
CITY-ST-ZIP WESTON, FL 33326

TITLE VP ☒ Delete  
NAME HUSSAIN, MUSHTAQ  
STREET ADDRESS 3631 TURTLE RUN BLVD. #722  
CITY-ST-ZIP CORAL SPRING FL 33067

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

MC Nieves

Maria del Carmen Nieves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-472-0952



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)