2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **P96000082818** FILED EXPRESS CORPORATE INVESTMENTS, INC. 01 JAN 16 PM 2:55 SEGRETARY OF STATES TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3940 W. FLAGLER ST. 3940 W. FLAGLER ST. 2ND FLOOR 2ND FLOOR MIAMI FL 33134 **MIAMI FL 33134** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0727547 Not Applicable Ζίρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MENA, SERGIO J Street Address (P.O. Box Number is Not Acceptable) 1000 PONCE DE LEON BLVD **STE 112 CORAL GABLES FL 33134** City Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be ax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition MENA, SERGIO NAME NAME 700003568187--6 STREET ADDRESS 1865 NW 21 ST STREET ADDRESS -01/24/01--01002--003 CITY-ST-ZIP **MIAMI FL 33142** CITY-ST-ZIP ****300.00 <u>*</u>***3<u>00</u>_00 STD TITLE ☐ Delete TITLE MENA. SERGIO J NAME NAME STREET ADDRESS 19800 SW 180 AVE, #087 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33187** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP formation 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 is supplied by the same legal effect as if made under oath; that I am an officer or director equiver processes and that my name appears in Block 11 or Block 12 if I hereby certify that the information of the corporation or the changed, or on an attach n address, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #