

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90077 013 ***150.00

DOCUMENT # P97000016689

1. Entity Name
EXPRESS EXPORT OF MIAMI CORPORATION

Principal Place of Business

~~245 SE 1ST ST., STE. 236~~
~~MIAMI FL 33131-4905~~

Mailing Address

P. O. BOX 416257
MIAMI BEACH FL 33141-8257
US

2. Principal Place of Business

17322 NW 63 PL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI LAKES FL

City & State

4. FEI Number **65-0730079**

Applied For

Not Applicable

Zip

33015

Country

MIAMI-DADE

Zip

Country

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

SANTOS, CLAUDIO L

~~7501 E TREASURE DR & PHR~~
~~NORTH BAY VILLAGE FL 33141~~

Name

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

17322 NW 63 PLACE

City

MIAMI LAKES

FL

Zip Code

33015

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 re-registering)

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 ☐ Delete

NAME

PD SANTOS, CLAUDIO L

STREET ADDRESS

~~7501 E TREASURE DR & PHR~~

CITY-ST-ZIP

~~NORTH BAY VILLAGE FL 33141~~

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

17322 NW 63 PLACE
MIAMI LAKES FL 33015

TITLE

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)