

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016860

1. Entity Name

EXPRESANDONOS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90912 023 ***150.00

Principal Place of Business

810 NW 89TH AVE
PLANTATION FL 33324
US

Mailing Address

PO BOX 450278
SUNRISE FL 33345-0278

2. Principal Place of Business

10429 Cresto del Sol Cir

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 677446

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando FL

4. FEI Number

65-0751071

Applied For

Not Applicable

Zip

32317

Country

USA

Zip

32867

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INCORPORATORS PLUS, INC.
1214 N. UNIVERSITY DRIVE
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name

Miguel Dominguez

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

10429 Cresto del Sol Cir

City

Orlando

FL

Zip Code

32817

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

Miguel Dominguez

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/00

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, 2000 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

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | DUARTE, JOSE A | |
| STREET ADDRESS | 810 NW 89TH AVE | |
| CITY-ST-ZIP | PLANTATION FL 33324 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | DUARTE, VIMARYS | |
| STREET ADDRESS | 810 NW 89TH AVE | |
| CITY-ST-ZIP | PLANTATION FL 33324 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | DUARTE, BEATRIZ | |
| STREET ADDRESS | 810 NW 89TH AVE | |
| CITY-ST-ZIP | PLANTATION FL 33324 | |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | PTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jose A. Duarte | |
| STREET ADDRESS | 10429 Cresto del Sol Cir | |
| CITY-ST-ZIP | Orlando, FL 32817 | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Vimarys Duarte | |
| STREET ADDRESS | 10429 Cresto del Sol Cir | |
| CITY-ST-ZIP | Orlando, FL 32817 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Beatriz Duarte | |
| STREET ADDRESS | 810 NW 89th ave | |
| CITY-ST-ZIP | Plantation, FL 33324 | |
| 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 | | |

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

Jose A. Duarte

4/28/00

Date

(407) 673-5575

Daytime Phone #

CR2E034 (9/99)