

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047477

1. Entity Name

EXPRESS MIAMI IMP.EXP., INC.

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90018 018 ***150.00

Principal Place of Business

Mailing Address

~~444 BRICKELL AVE~~
~~SUITE 750~~
~~MIAMI FL 33131~~

~~444 BRICKELL AVE~~
~~SUITE 750~~
~~MIAMI FL 33131~~

713484



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

20630 BISCAYNE BLVD
Suite, Apt. #, etc.

20630 BISCAYNE BLVD
Suite, Apt. #, etc.

City & State

AVENTURA FL

City & State

AVENTURA FL

4. FEI Number 65-0756797

Applied For

Not Applicable

Zip

Country

33180

Zip

Country

33180

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

MONTEIRO, SARDIS C JR

~~444 BRICKELL AVE~~

~~SUITE 750~~

~~MIAMI FL 33131~~

Name

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

20630 BISCAYNE BLVD

City

AVENTURA

FL

Zip Code

33180

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 SARDIS CHAVES MONTEIRO JR DATE _____

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	<input type="checkbox"/> Delete
NAME	MONTEIRO, SARDIS C JR	
STREET ADDRESS	444 BRICKELL AVE #750	
CITY-ST-ZIP	MIAMI FL 33131	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<u>20630 BISCAYNE BLVD</u>	
CITY-ST-ZIP	<u>AVENTURA FL 33180</u>	
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: SARDIS CHAVES MONTEIRO JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)