

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90693 011 ***150.00

DOCUMENT # P97000057559

1. Entity Name

MISSION EXPEDITION OR SOLUTION CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3293 NW 7ST

Suite, Apt. #, etc.

3. Mailing Address

3293 NW 7ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

59-3630231

Applied For

Not Applicable

Zip

33125

Country

USA

Zip

33125

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

BIDONE ALEJANDRO R

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

4489 SW 10 ST

City

MIAMI

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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 converting)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	BIDONE, ALEJANDRO R DP 4489 SW 10 ST MIAMI - FLA 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VARELA LYNCH, CARMEN DS 4489 SW 10 ST MIAMI - FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEJANDRO BIDONE

5/21/02 (305) 649-8833

CR2E034B (12/01)