

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058985

1. Entity Name

XPRESS LAB, INC.

Principal Place of Business

2200 SW 16 ST STE 114
MIAMI FL 33145

Mailing Address

2200 SW 16 ST STE 114
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0767171

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPOS, BRAULIO
2200 SW 16TH STREET
SUITE 114
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name CHIRINO, LUIS F.

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

2200 S.W. 16th. St STE #114

City MIAMI

FL

Zip Code 33145

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

3/8/01

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

TITLE PD
NAME CAMPOS, BRAULIO
STREET ADDRESS 2200 SW 16TH ST., #114
CITY-ST-ZIP MIAMI FL 33145 ☒ Delete

TITLE VD
NAME PORTILLA, ARMANDO
STREET ADDRESS 2200 SW 16TH ST., #114
CITY-ST-ZIP MIAMI FL 33145 ☒ Delete

TITLE STD
NAME CHIRINO, LUIS
STREET ADDRESS 2200 SW 16TH ST., #114
CITY-ST-ZIP MIAMI FL 33145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700003924657--7
-03/29/01--01005--025
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PSTD
NAME CHIRINO, LUIS F.
STREET ADDRESS 2200 S.W. 16th. St # 114
CITY-ST-ZIP MIAMI FL 33145 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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
LUIS F. CHIRINO, PRESIDENT

3/8/01

Date

305-824-0355

Daytime Phone #

CR2E034 (10/00)

0183076