

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019757

1. Entity Name
EXPRESS AUTO INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90001 007 ***150.00

Principal Place of Business

2321 SW 129 AVE
MIAMI FL 33175

Mailing Address

2321 SW 129 AVE
MIAMI FL 33175

2. Principal Place of Business

MIAMI, FLA

3. Mailing Address

2321 SW 129 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLA

City & State

4. FEI Number

65-0817864

Applied For

Not Applicable

Zip

Country

33175

DADE

Zip

Country

33175

USA

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

TRAVIESO, RAUL R
2321 SW 129 AVE
MIAMI FL 33175

Name

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

City

FL

Zip Code

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PD** ☐ Delete
NAME **TRAVIESO, RAUL R**
STREET ADDRESS **2321 SW 129 AVE**
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-12-00
Date

305-972-5386
Daytime Phone #

CR2E034 (5/00)

I NEVER RECEIVED FIRST
Attachment
D# 481001915,
2053626

NOTICE

THANK YOU

Paul Turner

2321 SW 129 AVE

Miami Fla 33175