

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State
 07-17-2001 90003 008 ***558.75

0018479 AV

DOCUMENT # P98000041893

1. Entity Name
EXPO-AIRE, INC.

Principal Place of Business

~~432 EAST 9 STREET~~
~~HIALEAH FL 33010~~

Mailing Address

~~432 EAST 9 STREET~~
~~HIALEAH FL 33010~~

2. Principal Place of Business
 830 East 1st Avenue

3. Mailing Address
 VLN 79 4440 N.W. 73th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Hialeah Florida

City & State
 Miami Florida

4. FEI Number **65-0846580**

Applied For
 Not Applicable

Zip Country
 33010 U.S.A.

Zip Country
 33166 U.S.A.

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMARGO, JOHANN JOSE
~~432 EAST 9 STREET~~
~~HIALEAH FL 33010~~

7. Name and Address of New Registered Agent

Name

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

VLN 79 4440 N.W. 73th Avenue

City
 Miami

FL

Zip Code
 33166

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 12, 2001 Fee 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMARGO, JOHANNA J 432 EAST 9 STREET HIALEAH FL 33010	<input type="checkbox"/> Delete	CAMARGO, JOHANN J. 830 E. 1st Ave Hialeah FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CAMARGO, JOSE F 888 NE 89TH STREET MIAMI FL 33138	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYES, EDITH M 888 NE 89TH STREET MIAMI FL 33138	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CAMARGO, JONATHAN 888 NE 89TH STREET MIAMI FL 33138	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/2001

(305) 9872600

Date

Daytime Phone #

CR2E034 (5/01)