

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041893

1. Entity Name

EXPO-AIRE, INC.



FILED

03 JUN 12 PM 12:55

SECRETARY OF STATE



02-03 UBR
☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

432 East 9 Street
Hialeah Florida 33010

2. Principal Place of Business

3. Mailing Address

830 East 1st Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Hialeah Florida

4. FEI Number

65-0846585

Address

City & State

Zip

Country

Zip

33010

Country

U.S.A.

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

CAMARGO, JOHANN JOSE

830 East 1st Avenue

Hialeah Florida 33010

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

Date

6/10/03

FILE NOW! FEE IS \$10.00
ANNUAL FEE IS \$10.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 may be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Add
NAME	CAMARGO, JOSE F.		NAME	900021272739	
STREET ADDRESS	26 Olive Drive		STREET ADDRESS	07/02/03--01056--017 **300.00	
CITY-STATE-ZIP	Hialeah Florida 33010		CITY-STATE-ZIP		
TITLE	DVP	☐ Delete	TITLE		☐ Change ☐ Add
NAME	CAMARGO, JOHANN JOSE		NAME		
STREET ADDRESS	432 East 9 Street		STREET ADDRESS		
CITY-STATE-ZIP	Hialeah Florida 33010		CITY-STATE-ZIP		
TITLE	DS	☐ Delete	TITLE		☐ Change ☐ Add
NAME	REYES, EDITH M		NAME		
STREET ADDRESS	26 Olive Drive		STREET ADDRESS		
CITY-STATE-ZIP	Hialeah Florida 33010		CITY-STATE-ZIP		
TITLE	DT	☐ Delete	TITLE		☐ Change ☐ Add
NAME	CAMARGO, JONATHAN		NAME		
STREET ADDRESS	26 Olive Drive		STREET ADDRESS		
CITY-STATE-ZIP	Hialeah Florida 33010		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

12. 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 10 or Block 11: changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

4/30/03

Attachment.

May 2, 2003
Ref: Cypro aine, Inc.
830 East 1st Ave.
Gainesville, Fla. 33906
Doc# PR000041193

Vol 2

Department of State
Tallahassee, Fla.

Gentlemen: The reference of this letter is to inform,
that I am sending Annual Report Form for my
Corporation. I did not file in time due to I
have never received any information at respect,
and as I am new in this business; I was not
aware of yearly payments for 'Annual Reports', but
from now on this will not happen again.

Please advise our officials, per letter
information, please contact us.

Lucas

~~X~~