

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015100

1. Entity Name  
EXPRESS PAGE II, INC.

Principal Place of Business  
8900 N. 56TH ST.  
TEMPLE TERRACE FL 33617

Mailing Address  
8900 N. 56TH ST.  
TEMPLE TERRACE FL 33617

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

59 3557867

Applied For

Not Applicable

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

NGUYEN, ZUNG  
8900 N. 56TH ST.  
TEMPLE TERRACE FL 33617

Name

Robert Garcia

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

8900 N 56th St.

City

Temple Terrace FL 33617

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.

Robert Garcia

(NOTE: Registered Agent signature required when reinstating)

8/1/00

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	DP	<input checked="" type="checkbox"/> Delete
NAME	NGUYEN, ZUNG	
STREET ADDRESS	8900 N. 56TH ST.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARCIA, ROBERT	
STREET ADDRESS	8900 N. 56TH ST.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle Natali	
STREET ADDRESS	8900 N 56th St.	
CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Garcia	
STREET ADDRESS	8900 N 56th St.	
CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Garcia

DATE

8/1/00

Daytime Phone #

(813) 899-2337

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90025 035 \*\*\*150.00

09-11-2000 90016 018 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)