

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016912

1. Entity Name

EXPRESS MARKETING GENERAL SERVICES INC.

Principal Place of Business

4250 S.W. 95TH AVENUE  
MIAMI, FL 33165

Mailing Address

4250 S.W. 95TH AVENUE  
MIAMI, FL 33165-5244

2. Principal Place of Business

300 SW, 107 Ave  
Suite, Apt. #, etc.  
#205

3. Mailing Address

300 SW, 107 Ave,  
Suite Apt. #, etc.  
#205

City & State

Miami, FL

Zip

33174 Country  
JADE

6. Name and Address of Current Registered Agent

CABALLERO, ANTONIA  
4250 S.W. 95TH AVENUE  
MIAMI, FL 33165

Name MODESTO SANTOS

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

300 SW, 107 Ave #205

Miami, FL

City

FL Zip Code  
33174

DO NOT WRITE IN THIS SPACE

Applied For  
Not Applicable

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

MODESTO SANTOS

x M. Santos

DATE

2/25/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 D  
NAME CABALLERO, ANTONIA  
STREET ADDRESS 4250 S.W. 95TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33165

Delete

12.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PRESIDENT-DIRECTOR  
MODESTO SANTOS  
300 SW, 107 Ave, #205  
Miami, FL 33174

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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Change  Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Delete

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: *M. Santos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/2000 (305)220-8288  
Date Daytime Phone #

CR2E034 (9/99)