

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Jun 30, 2000 8:00 am  
Secretary of State  
06-30-2000 90006 028 \*\*\*150.00

DOCUMENT # 991000024619  
Entity Name  
Expo Solutions Inc. R

Principal Place of Business  
Mailing Address

00066402

Principal Place of Business  
342 NW 119 Terr.  
Suite, Apt. #, etc.  
Coral Springs, FL  
City & State  
Zip  
33076  
Country  
USA

3. Mailing Address  
SAME  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

DO NOT WRITE IN THIS SPACE  
4. FEI Number 65-0911161  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Cindy Brief  
5342 NW 119 Terrace  
Coral Springs, FL 33076

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 Cindy Brief  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
DATE 6/19/00

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

| 1. OFFICERS AND DIRECTORS |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---------------------------|---------------------------------|---|--|
| TITLE                     | <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                      |                                 | NAME  |  |
| STREET ADDRESS            |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP               |                                 | CITY-ST-ZIP   |  |
| TITLE                     | <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                      |                                 | NAME  |  |
| STREET ADDRESS            |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP               |                                 | CITY-ST-ZIP   |  |
| TITLE                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                      |                                 | NAME  |  |
| STREET ADDRESS            |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP               |                                 | CITY-ST-ZIP   |  |
| TITLE                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                      |                                 | NAME  |  |
| STREET ADDRESS            |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP               |                                 | CITY-ST-ZIP   |  |
| TITLE                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                      |                                 | NAME  |  |
| STREET ADDRESS            |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP               |                                 | CITY-ST-ZIP   |  |

3. 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: Cindy Brief  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 6/19/00  
Daytime Phone # 954-345-0436

CR2E034 (9/99)