

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90045 025 \*\*\*150.00

**DOCUMENT # P99000046255**

1. Entity Name  
**EXPERT P.C. CORP.**



Principal Place of Business

**8000 NW 31 ST  
STE 15  
MIAMI FL 33122  
US**

Mailing Address

**8000 NW 31 ST  
STE 15  
MIAMI FL 33122  
US**

2. Principal Place of Business

**6955 NW 52nd St**

3. Mailing Address

**6955 NW 52nd Str.**

Suite, Apt. #, etc.

**Ste. 109**

Suite, Apt. #, etc.

**Ste. 109**

City & State

**Miami, FL.**

City & State

**Miami, FL.**

Zip

**33166**

Country

**USA**

Zip

**33166**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0930480**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BARBERA, DARIO**

**8000 NW 31 ST**

**STE 15**

**MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

**Barbera, Dario**

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

**6955 NW 52nd Str.**

**Ste. 109**

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

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

TITLE **D** ☐ Delete

NAME **BARBERA, DARIO**

STREET ADDRESS **8000 NW 31 ST STE 15**

CITY-ST-ZIP **MIAMI FL 33122**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition

NAME **Barbera, Dario**

STREET ADDRESS **6955 NW 52nd Str. Ste. 109**

CITY-ST-ZIP **Miami, FL. 33166**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/20/03**

Date

**(305) 594-2006**

Daytime Phone #

CR2E034 (10/02)