

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State
04-28-2000 90071 034 ***150.00

DOCUMENT # P99000106553
Entity Name
EXPORT EXPRESS CORPORATION

Principal Place of Business Mailing Address
3284 N. STATE RD 7
LAUDERDALE LAKES, FL 33319

838523



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FFL Number ES-0984006	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
Name NOAC & NOFIL, PA
Street Address (P.O. Box Number is Not Acceptable)
3284 N. ST RD 7
City LAUDERDALE LAKES FL 33319

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]* 3/31/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (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 \$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	NAME	☐ Delete
STREET ADDRESS	3284 N. STATE RD 7	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319	
TITLE	VICE PRESIDENT	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☒ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
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 authority to be empowered.

SIGNATURE: *[Signature]* PRESIDENT 3/31/00

CR2E034 (9/99)