5/21/01-90034-(

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Jun 19, 2001 8:00 am
Secretary of State

05-21-2001 90034 023 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107523

1. Entity Name EXPO TECH SERVICES, INC

Principal Place of Business	Mailing Address
7397 N.W 54ST MIAMI-FL 33166	7397 N.W 54ST MIAMI-FL 33166

[redacted]

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0967829 ☐ 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 ARIAS ROMAN
	Street Address (P.O. Box Number is Not Acceptable) 5890 WEST 9TH COURT
	City HIALEAH FL Zip Code 33012

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 ____________ DATE 06/08/01
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)

[illegible]

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P.V.D ARIAS ROMAN 5890 WEST 9TH COURT HIALEAH FL 33012 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / 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: ____ ROMAN ARIAS 04/22/01 (305)640-1230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

P99000107523

EXPO TECH MEDICAL SERVICES
7397 NW 54 ST
MIAMI,FL,33166
PH:(305)640-1230
FX:(305)640-1231

To whom it may concern: June 11,2001.

We're sending the DEPARTMENT OF STATE the form of 2001 UNIFORM BUSINESS REPORT completed with the signature accepting the designation..Thank you for your time,if you have any questions please don't hesitate to contact us at the number above.

Sincerely yours,
ROMAN ARIAS.
PRESIDENT.