

2001 UNIFORM BUSINESS REPORT (UBR)

5/21/01-90034-(

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-21-2001 90034 023 ***150.00

DOCUMENT # **P 99000107523**

1. Entry Name **EXPO TECH SERVICES, INC**

Principal Place of Business

7397 N.W. 54 ST
MIAMI-FL 33166

Mailing Address

7397 N.W. 54 ST
MIAMI-FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0967829

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MIAMI

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

06/08/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.V.D.	☐ Delete
NAME	ARIAS ROMAN	
STREET ADDRESS	5890 WEST 9TH COURT	
CITY-ST-ZIP	MIAMI FL 33012	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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 all other like empowered.

SIGNATURE:

ARIAS ROMAN

06/22/01 (305) 640-1230

Typed or printed name of signing officer or director

Date

Office Phone #

Attachment

P99000107523

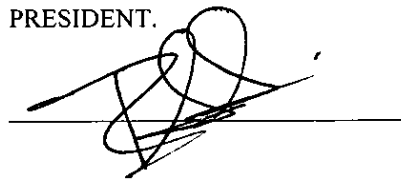
EXPO TECH MEDICAL SERVICES
7397 NW 54 ST
MIAMI, FL, 33166
PH: (305) 640-1230
FX: (305) 640-1231

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.

A handwritten signature in black ink, appearing to be "Roman Arias", written over a horizontal line.