

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90132 012 ***150.00

DOCUMENT # P99000110332

1. Entity Name
EXPOCOL SUMINISTROS, INC.



Principal Place of Business
1601 N. PALM AVENUE
114
PEMBROKE PINES FL 33026

Mailing Address
1601 N. PALM AVENUE
114
PEMBROKE PINES FL 33026



2. Principal Place of Business
979 N.W. 162nd Ave

3. Mailing Address
- Same -

☐ CHECK HERE IF MAKING CHANGES

City & State
PEMBROKE PINES, FL

City & State

4. FEI Number **65-0969742**

Applied For
Not Applicable

Zip
33028

Country
BRAZIL

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DOYLE, ALLAN CPA
175 FONTAINEBLEAU BLVD.
1-B
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Ivan Carlos Velazquez*
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VELASQUEZ, JUAN CARLOS 1884 N.W. 128TH AVENUE PEMBROKE PINES FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FIERRO, CLARA M 1884 N.W. 128TH AVENUE PEMBROKE PINES FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Ivan Carlos Velazquez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 303-5777

CR2E034 (10/02)