

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90031 039 ***150.00

DOCUMENT # S10329

1. Entity Name

EXPOENT INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

8051 NW 36TH ST
 SUITE 600
 MIAMI FL 33166
 US

8051 NW 36TH ST
 SUITE 600
 MIAMI FL 33166-6626
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9725 NW 52 Street
 Suite, Apt. #, etc.
 # 411

8201 NW 66 Street
 Suite, Apt. #, etc.
 # 3

City & State
 Miami FL

City & State
 Miami FL

4. FEI Number 65-0224403

Applied For
 Not Applicable

Zip 33178 Country MIAMI DADE

Zip 33178 Country Miami-Dade

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

BARNIGUEL, MARCELO A
 8051 NW 36TH ST
 SUITE 600
 MIAMI FL 33166

Name BARNIGUEL, MARCELO A.
 Street Address (R.O. Box Number is Not Acceptable) 9725 NW 52 Street # 411
 City Miami FL Zip Code 33178

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	BARNIGUEL, MARCELO A	
STREET ADDRESS	8051 NW 36TH ST #600	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNIGUEL, MARCELO A	
STREET ADDRESS	8051 NW 36TH ST #600	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PVST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNIGUEL, MARCELO A	
STREET ADDRESS	9725 NW 52 Street # 411	
CITY-ST-ZIP	Miami, FL. 33178	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNIGUEL, MARCELO A.	
STREET ADDRESS	9725 NW 52 Street # 411	
CITY-ST-ZIP	Miami, FL. 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)