

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90061 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L81381**  
 1. Entity Name  
**P.C.S. IMPORT & EXPORT CORP.**

Principal Place of Business: **245 SE 1ST ST #438 MIAMI FL 33131 US**  
 Mailing Address: **245 SE 1ST ST #438 MIAMI FL 33131-1905 US**

2. Principal Place of Business: **20231 NE 15 COURT**  
 Suite, Apt. #, etc.: **---**

3. Mailing Address: **20231 NE 15 COURT**  
 Suite, Apt. #, etc.: **---**

City & State: **N. MIAMI FL**      City & State: **N. MIAMI - FL**

Zip: **33179**      Country: **USA**      Zip: **33179**      Country: **USA**

4. FEI Number: **65-0201313**      Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**BRYANT, BERNARD**  
**847 NW 119 ST #205**  
**MIAMI FL 33168**

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.

SIGNATURE: \_\_\_\_\_      (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>SILVA, PAULO C.</b> <b>245 SE 1ST ST #438</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>SILVA, PAULO C.</b> <b>20231 NE 15 CT</b> <b>N. MIAMI FL 33179</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>SILVA, SILVANA C.</b> <b>295 SE 1ST ST #438</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>SILVANA SILVA</b> <b>20231 NE 15 CT</b> <b>N. MIAMI FL 33179</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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]*      **VICE PRESIDENT**      Date: **FEB/4/2000**      Daytime Phone #: **305 654 0201**

CR2E034 (9/99)