

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91215 028 ***150.00

666222

DOCUMENT # L81381

1. Entity Name

P.C.S IMPORT & EXPORT CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20231 NE 15 COURT

3. Mailing Address

20231 NE 15 COURT

Suite, Apt. #, etc.

STE # 438

Suite, Apt. #, etc.

STE # 438

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number

65-0201313

Applied For

Not Applicable

Zip
33179

Country
US

Zip
33179

Country
US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BERNARD H. BRYANT

Street Address (P.O. Box Number is Not Acceptable)

847 NW 119 STREET STE # 205

City
MIAMI

FL

Zip Code
33168

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)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SILVA, PAULO C.
20231 NE 15 COURT STE # 438
MIAMI FL, 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
SILVA, SILVANA C.
20231 NE 15 COURT STE # 438
MIAMI FL, 33179

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/02

Date

Daytime Phone #

CR02034B (12/01)