

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90103 011 \*\*\*150.00

DOCUMENT # P95000038901

i. Entity Name

A-Z IMPORT EXPORT CORP. ✓

Principal Place of Business

Mailing Address

Principal Place of Business

10 AMERICAN FREIGHT

3. Mailing Address

10 A.A. CRESPO & Co

Suite, Apt. #, etc.

1307 NW 79<sup>th</sup> TERR.

Suite, Apt. #, etc.

9260 SW 72ND ST #117

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0584266

Accepted For

Not Applicable

Zip

33166

Country

DADE

Zip

33166

Country

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name ALEJANDRO A. CRESPO

Street Address (P.O. Box Number is Not Acceptable) 9260 SW 72ND ST #117

City MIAMI

FL

Zip Code 33173

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 of officer or director, name of registered agent and title, if applicable

NOTE: Registered Agent signature required when registering

DATE

5/16/00

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 '01

11. OFFICERS AND DIRECTORS		12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '01	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	JOSE MORENO 9551 FONTEBLEU BLVD BLOC 9 MIAMI FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	S/O ESPERANZA MORENO 9551 FONTEBLEU BLVD BLOC 9 MIAMI FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/00

Date

305-271-3094

Daytime Phone #