2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State
08-07-2001 90017 045 ***150.00

DOCUMENT# P97000076416

1. Entity Name

TUTIMUNDI EXPORT & IMPORT, CORP.

Principal Place of Business	Mailing Address
7179 SPORTSMANS DRIVE **NORTH LAUDERDALE, FL 33068**	**7179 SPORTSMANS DRIVE** **NORTH LAUDERDALE, FL 33068**

D0060706

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite Apt.#, etc,	Suite. Apt. #. etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number **65-0776193** ☐ Applied For ☐ Not Applicable

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
TEIXEIRA, JULIO **7179 SPORTSMANS DRIVE** **NORTH LAUDERDALE, FL 33068**	Name: **TAX HOUSE CORPORATION** Street Address (P.O. Box Number is Not Acceptable): **3929 N. FEDERAL HWY** City: **POMPANO BEACH** FL Zip Code: **33064**

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 _____ **BRENO GOMES - PRESIDENT** **07/26/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere 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, 2001 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	**PVST** **TEIXEIRA, JULIO** **9185 RAMBLEWOOD DRIVE #626** **CORAL SPRINGS, FL 33071**	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**D** **TEIXEIRA, JULIO** **9185 RAMBLEWOOD DRIVE #626** **CORAL SPRINGS, FL 33071**	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ **07/30/01** **(954) 722-2248**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #