

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90058 004 ***150.00

DOCUMENT # P98000048323

1. Entity Name

G&J IMPORT & EXPORT, INC.

Principal Place of Business

5190 NW 167 ST.
 STE 221A
 HIALEAH FL 33014

Mailing Address

5190 NW 167 ST.
 STE 221A
 HIALEAH FL 33014

2. Principal Place of Business

20803 Biscayne Blvd.

3. Mailing Address

20803 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Aventura, FL.

City & State

Aventura, FL.

Zip

33180

Country

U.S.

Zip

33180

Country

U.S.

6. Name and Address of Current Registered Agent

RAMIREZ, ROCIO
3400 NE 192 ST #1410
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

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

City

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

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, 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

TITLE	VPSD	☐ Delete
NAME	RAMIREZ, ROCIO	
STREET ADDRESS	3400 NE 192 ST #1410	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VPD	☐ Delete
NAME	RAMIREZ, ROCIO	
STREET ADDRESS	1200 BRICKELL AVE., SUITE 1440	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		☒ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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

Rocio Ramirez 03/16/01 (305) 4664464

Date

Daytime Phone

CR2E034 (10/00)