## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 11, 2001 8:00 am Secretary of State P00000062480 DUBUMENT# IMPEX EASTCO INC 04-11-2001 90085 028 \*\*\*150.00 Principal Place of Business Mailing Address 14011 SW 90 AVE 14011 SW 90 AVE APT # D-203 APT # D-203 FL 33176-7135 MIAMI FL 33176-7135 MIAMI A0045923 2. Principal Place of Business 3. Mailing Address SAME AS ABOVE SAME AS ABOVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-108158 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. BAWANY MUNAF 2001 MOHAMMED SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT TiT! F ☐ Delete TITLE Change Addition HANIF HABIB CAMMAHUM 14011 SW 90 AVE # D-203 STREET ADDRESS STREET ADDRESS MIAMI FL 33176-7135 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT/SECRETARY Delete TITLE ☐ Addition TITLE ☐ Change NAME MOHAMMED MUNAF BAWANY NAME STREET ADDRESS 14011 SW 90 AVE # 3-203 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176-7135 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE [7] Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition Change TITLE T!TLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

KNAWAED MUNAF BAWANY

WIRE PRECION ADD SOM

(786) 897-1019

Daytime Phone #