

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State
 04-11-2000 90040 023 ***150.00

DOCUMENT # 266685			
1. Entity Name UNLIMITED IMPORTS & EXPORTS INC			
Principal Place of Business 9000 SW 46TH TERRACE MIAMI FL 33165 - 5952		Mailing Address P O BOX 350752 MIAMI FL 33135-0752	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ROMAN CAMPA 9000 S.W. 46TH TERRACE MIAMI FL 33165 - 5952		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
	PD CAMPA, ROMAN	<input type="checkbox"/> Delete	
	9000 S.W. 46TH TERR MIAMI FL 33165-5952		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
	STD CAMPA, RAQUEL	<input type="checkbox"/> Delete	
	9000 S.W. 46TH TERR MIAMI FL 33165-5952		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
	VPD CAMPA, ROMAN J	<input type="checkbox"/> Delete	
	9000 S.W. 46TH TERR MIAMI FL 33165		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
	VPD RODIGUEZ, RAQUEL	<input type="checkbox"/> Delete	
	9000 S.W. 46TH TERR MIAMI FL 33165		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Delete	
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Delete	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	



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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roman Campa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROMAN CAMPA - PRESIDENT
 Date 4-1-00 (305) Daytime Phone # 223-0820

CR2E034 (9/99)