

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 266685**Entity Name
UNLIMITED IMPORTS & EXPORTS INC**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90095 019 ***150.00

0217959 AV

Principal Place of Business
9000 SW 46TH TERRACE
MIAMI FL 33165Mailing Address
P O BOX 350752
MIAMI FL 33135-0752

1. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0315496☒ Applied For☐ Not Applicable

Zip

Country

Zip

Country

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

ROMAN CAMPA
9000 S.W. 46TH TERRACE
MIAMI FL 33165

Name

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

City

FL

Zip Code

3. 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD CAMPA, ROMAN	9000 S.W. 46TH TERR MIAMI FL 33165-5952	<input type="checkbox"/>			<input type="checkbox"/>
STD CAMPA, RAQUEL	9000 S.W. 46TH TERR MIAMI FL 33165-5952	<input type="checkbox"/>			<input type="checkbox"/>
VPD CAMPA, ROMAN J	9000 S.W. 46TH TERR MIAMI FL 33165	<input type="checkbox"/>			<input type="checkbox"/>
VPD RODIGUEZ, RAQUEL	9000 S.W. 46TH TERR MIAMI FL 33165	<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 29/02

Date

(305) 223-0820

Daytime Phone #

CR2E034 (9/01)