

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90031 006 ***158.75

0492181

DOCUMENT # 634207

1. Entity Name

FLORIDA COMMERCE EXPORT-IMPORT, INC.

Principal Place of Business

**530 B S. DIXIE HWY W.
 POMPANO BEACH FL 33060-5908**

Mailing Address

**413 NE 18TH AVE.
 POMPANO BEACH FL 33060-5908**

2. Principal Place of Business

530 B S. Dixie Hwy. West

Suite, Apt. #, etc.

3. Mailing Address

413 NE 18 Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Bch. FL

City & State

Pompano Bch. FL

4. FEI Number

59-1977808

Applied For

Not Applicable

Zip

33060

Country

USA

Zip

33060

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOVANOVA, VASA
 413 NE 18TH AVE.
 POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

Name **JOVANOVA, VASA**

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

413 NE 18 Ave

City

Pompano Bch.

FL

Zip Code

33060

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] **VASA JOVANOVA**

30 APR. 2001

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 **PD** ☐ Delete
 NAME **JOVANOVA, VASA**
 STREET ADDRESS **803 S.W. 14 COURT**
 CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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 **PD** ☒ Change ☐ Addition
 NAME **JOVANOVA, VASA**
 STREET ADDRESS **413 NE 18 AVE**
 CITY-ST-ZIP **POMPANO BEACH, FL. 33060**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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] **VASA JOVANOVA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 APR. 2001 954 782-3769

Date

Daytime Phone #

CR2E034 (10/00)