## 2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

## **DOCUMENT # 653101**

2. Principal Place of Business

## INTERNATIONAL IMPORT AND EXPORT, INC.

Principal Place of Business Mailing Address 12760 SW 103RD TERR 12760 SW 103RD TERR MIAMI FL 33186-2308 MIAMI FL 33186

**FILED** Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90001 001 \*\*\*300.00

STOL



Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
		City & State		4.	4. FEI Number 59-1972567 Applied For Not Applicable		
Zip	Country	Zip .	Country	5.	Certificate of Status Desired	4 1 *	8.75 Additional ee Required
	5. Name and Address of Current Re	egistered Agent		~ · · · · · · · 7.	Name and Address of New Ro	agistered A	gent
·			Na	me	•		
CHISHOLM, LOUISE 12760 SW 103RD TERR			Str	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI F	L 33186						
			Ci	у		FL.	Zip Code
The above nar	ned entity submits this statement for	he purpose of changing	g its registered of	ice or registered a	gent, or both, in the State of Flo	rida.	
IGNATURE	ature, typed or printed name of registered agent an	d title if applicable	NOTE: Registered Ager	signature required when	reinstating)	DATE	
Tax filing requirement and elects to do so.  FILE NOW!!! FEI  After MAY 1, 2000 Fee					10. Election Campaign Fin		\$5.00 May Be

Make Check Payable to Department of State (See criteria on back), ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE LOWE, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 10451 S.W. 118 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITI F CHISHOLM, EDWARD A. NAME NAME 12760 S.W. 103RD TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ ☐ Addition Delete TITLE CHISHOLM, LOUISE NAME NAME 12760 S.W. 103RD TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition VD. ☐ Delete TITLE LOWE, PAK LING (2ND V) NAME STREET ADDRESS 10451 S.W. 118TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 chaptered or one attachment with an address with all laborations. changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

LOUISE CHISHOLM RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR