

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 671442

1. Entity Name

MIAMI T.V. APPLIANCES EXPORT CORP.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90048 010 ***150.00

Principal Place of Business

Mailing Address

1565 N.W. 82ND AVE
FL 33172

1565 N.W. 82ND AVE
MIAMI FL 33126-1019
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2000668

Applied For

Not Applicable

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

DE HOMBRE, JAIME
1565 NW 82ND AVE
MIAMI FL 33172

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS DE HOMBRE, JAIME
CITY-ST-ZIP 2100 N.W. 92ND AVE.
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1565 N.W. 82 AVE
CITY-ST-ZIP MIAMI, FL. 33124

TITLE ☐ Delete
NAME ST
STREET ADDRESS HOMBRE, GLORIA
CITY-ST-ZIP 1565 N.W. 82ND AVE.
MIAMI FL 33126

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 2555 COLLINS AVE #1600
CITY-ST-ZIP MIAMI BEACH, FL. 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00 305 591-2585

CR2E034 (9/99)