2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 671442 1. Entity Name MIAMI T.V. APPLIANCES EXPORT CORP.					Secretary of State 07-31-2001 90001 016 ***150.00				
			/ (V		0, 51 2 001 90				
Principal Place of Business 1565 N.W. 82ND AVE MIAMI FL 33172 US		Mailing Address 1565 N.W. 82ND AVE MIAMI FL 33172 US							
2. Principal Place of Business 2555 N.W 107 AVE 2555 Suite, Apt. #, etc. 3. Mailing Address 2555 Suite, Apt. #,			SNW 1014VE		DO NOT WRITE IN THIS SPACE				
City & Stat	m1 - F1.	City & State	F1.	4. F	El Number 59-2000668		-	olied For Applicable	
Zip 33/	Country		Country	5. C	Certificate of Status Desired		75 Addi Required		
	6. Name and Address of Current Re	egistered Agent	Name	_	lame and Address of New R				
DE HOMB	RE, JAIME	Street Address (P.O. Box Number is Not Acceptable)							
••	82ND AVE		255		07 AU	E			
MIAMI FL	33172								
N			City /	71A.	mi	FL Z	ip Code ろう	172	
8. The above	named entity submits this statement for t	he purpose of changing its req	gistered office or regis	stered age	ent, or both, in the State of Flo	rida.			
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Re	egistered Agent signature requ	iired when re	instating)	DATE			
Tax filing requirement and elects to do so. After September 12,			FEE IS \$550.00 001 Fee will be \$750.00 to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees						
11.	OFFICERS AND DI		12.	AD	DITIONS/CHANGES TO OFF				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE HOMBRE, JAIME 1565 NW 82 AVE MIAMI FL 33126	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS	55 NA 1	5 N.W 107 n1 Fl- 331	AVE	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOMBRE, GLORIA 2555 COLLINS AVE #1600 MIAMI BEACH FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	activity of the second of the	Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	,		Change	Addition	
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13. I hereby indicated of the corchanged	certify that the information supplied with the contribution this report or supplemental report is treporation or the receiver or trustee empower, or on an attachment with an address, with	his filing does not quality for the ue and accurate and that my ered to execute this report as the all other like empowered.	e exemption stated in signature shall have the required by Chapter	Section 1 ne same I 607, Florid	119.07(3)(i), Florida Statutes. I egal effect as if made under o da Statutes; and that my name	further certify the eath; that I am an e appears in Bloc	at the in officer ok 11 or	formation or director Block 12 if	



2555 N.W. 107th Avenue • Miami, Florida 33172 Telephone 305-591-2585 • Fax 305-477-2042

July .25/2001

Division of-Corporations Uniform Business Report Filing P.O. Box 1500 Tallahassee, Fl. 32302-1500

Dear Sir;

This is to inform that we have a new adress since December 2000.

2555 N.W. 107 Ave. Miami, Fl. 33172. Since we did not received the form to make the payment on time, we just received because apparently was lost on the mail. we forgot to make the change.

We are asking to take that in consideration and not charging us the penalty this time. We are being in businees for many years and never had paid late, you can verify in our records.

Thank you in advance, for your attention to this matter,

Sincerely,

Jaime De Hombre