2000 UNIFORM BUSINESS REPORT (UBR)

May 01, 2000 8:00 am Secretary of State DOCUMENT # F13551 1. Entity Name CONTINENTAL IMPORT SERVICE, INC. 05-01-2000 90415 050 ***150.00 Mailing Address Principal Place of Business 1015 E 28 ST. 1015 E 28 ST. HIALEAH FL 33013 HIALEAH FL 33013-3721 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2049475 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PACETTI, DANIEL Street Address (P.O. Box Number is Not Acceptable) 951 S.W. 95TH TERR. PEMBROKE PINES, 33025 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE Delete TITLE PACETTI, DANIEL E NAME NAME 951 S.W. 95TH TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL - 🔲 Addition ☐ Change ☐ Delete TITLE TITLE PACETTI, LYNDA D NAME NAME STREET ADDRESS STREET ADDRESS 951 S.W. 95TH TERR. CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL ☐ Oefete TITLE Change ☐ Addition PACETTI, DANIEL E NAME NAME STREET ADDRESS 951 S.W. 95TH TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Changed, or on an attachment with an address, with all other like empowered.

Lynda DPACETE!

#/3//00 305-693-601

Daytime Phone #