## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # F85619** Apr 25, 2000 8:00 am Secretary of State CERVONE EXPORT, INC. 04-25-2000 90033 040 \*\*\*150.00 Mailing Address Principal Place of Business 7289 NW 12TH ST L 7289 NW 12TH ST L MIAMI FL 33126-1908 MIAMI FL 33126 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2199569 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired $\square$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CERVONE, ISABEL Street Address (P.O. Box Number is Not Acceptable) 7895 S.W. 13TH ST. **MIAMI FL 33144** Zip Code City FL 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) 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 **\$5.00** May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CERVONE, ANTHONY M. STREET ADDRESS STREET ADDRESS 7895 S.W. 13TH ST. CITY-ST-ZIP CITY-ST-ZIP <u>miami fl</u> ☐ Addition Change TITLE TITLE STD Delete NAME NAME CERVONE, ISABEL STREET ADDRESS STREET ADDRESS .7895 S.W. 13TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE 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 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME 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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-18-00