

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J43421

1. Entity Name

WALKER EXPORT, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90041 041 ***150.00

Principal Place of Business

Mailing Address

19401 WEST DIXIE HIGHWAY
STE. 100
MIAMI FL 33180
US

19401 WEST DIXIE HIGHWAY
STE. 100
MIAMI FL 33180-2214
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3520 W. HALLANDALE BEACH BLVD.

3520 W. HALLANDALE BEACH BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2743153

Applied For

Not Applicable

PEMBROKE PARK FL

PEMBROKE PARK, FL

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

33023

BROWARD

33023

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, MICHAEL P

19401 WEST DIXIE HIGHWAY

~~MIAMI FL 33180~~ 3520 W. HALLANDALE BEACH BLVD.

PEMBROKE PARK, FL. 33023

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WALKER, MICHAEL P.
19401 WEST DIXIE HIGHWAY
MIAMI FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3520 W. HALLANDALE BEACH BLVD.
PEMBROKE PARK, FL. 33023 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Michael Walker MICHAEL P. WALKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

954-964-1688

Date

Daytime Phone #

CP2E034 (9/99)