

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J87443

1. Entity Name

FLORIDA IMPORTS, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90047 028 \*\*\*158.75

Principal Place of Business

Mailing Address

2130 TAMiami TRAIL. NORTH  
NAPLES FL 34102  
US

2130 TAMiami TRAIL. NORTH  
NAPLES FL 34102-4807  
US

LU029433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2884986

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ARBEZ, OLIVIER  
4613 LAKEWOOD BLVD.  
NAPLES FL 33967

Name

Michael Moore

Street Address (P.O. Box Number is Not Acceptable)

Parrish, White, Lawhon : Moore  
2171 Pine Ridge Road, Ste D

City

Naples

FL

Zip Code

34109

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

*W. Moore*

Michael Moore

2-3-00

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 PS ☐ Delete  
NAME ARBEZ, OLIVIER  
STREET ADDRESS 4613 LAKEWOOD BLVD  
CITY-ST-ZIP NAPLES FL

TITLE ☒ Change ☐ Addition  
NAME Arbez, Olivier  
STREET ADDRESS 2130 Tamiami Tr. N.  
CITY-ST-ZIP Naples FL 34102

TITLE V ☒ Delete  
NAME ARBEZ, CLAUDINE  
STREET ADDRESS 4613 LAKEWOOD BLVD.  
CITY-ST-ZIP MAPLES FL

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

TITLE T ☒ Delete  
NAME ARBEZ, JEAN CLAUDE  
STREET ADDRESS 4613 LAKEWOOD BLVD.  
CITY-ST-ZIP NAPLES FL

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  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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:

*W. Moore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00  
Date

941-261-7477  
Daytime Phone #

CR2E034 (9/99)