

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90014 014 ***550.00

DOCUMENT # J87443

1. Entity Name

FLORIDA IMPORTS, INC.

CK

Principal Place of Business

2130 TAMiami TRAIL, NORTH
 NAPLES FL 34102
 US

Mailing Address

2130 TAMiami TRAIL, NORTH
 NAPLES FL 34102
 US

00059937



2. Principal Place of Business

P.O. Box 10190

3. Mailing Address

P.O. Box 10190

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES FL

City & State

Naples, FL

4. FEI Number

59-2884986

Applied For

Not Applicable

Zip

34101

Country

Zip

34101

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, MICHAEL
 PARRISH, WHITE, LAWHON, & MOORE
 2171 PINE RIDGE ROAD STE D
 NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

MOORE MICHAEL

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

VEGA BROWN STANLEY BURKE
 2660 AIRPORT RD SOUTH

City

NAPLES

FL

Zip Code

34112

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

M. Moore

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/01

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, 2001 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

TITLE PS
 NAME ARBEZ, OLIVER
 STREET ADDRESS 2130 TAMiami TR N
 CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ARBEZ OLIVER
 STREET ADDRESS P.O. Box 10190
 CITY-ST-ZIP NAPLES FL 34101 ☒ Change ☐ Addition

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

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01

Date

941.430.1288

Daytime Phone #

CR2E034 (10/00)

0540062