

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90284 005 ***150.00

DOCUMENT # K02421

1. Entity Name
PERCUSSION IMPORT & EXPORT, INC.

Principal Place of Business Mailing Address
8353 NW 66 ST. **8353 NW 66 ST.**
MIAMI FL 33166 **MIAMI FL 33166**
US **US**

709596



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 **65-0023971**

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

REYNOSO, WALTER A. ESQ
1830 NW 7 ST
SUITE 102
MIAMI FL 33125

Name **LEONARDO O. MACIAS**
 Street Address (P.O. Box Number is Not Acceptable)
11354 QUAIL CREST DR.
 City **MIAMI** FL Zip Code **33157**

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 **1/30/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	ZARDIBIA, NOFFAL	8353 NW 66 ST. MIAMI FL				
	PVT	ZARDIBIA, NOFFAL	8353 NW 66 ST. MIAMI FL				
	VP	DEZARDIBIA, JANETH	8353 NW 66TH ST MIAMI FL				

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

Date

Daytime Phone #

1/30/01

305-597-9899

CR2E034 (10/00)

02 '37