

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90020 013 ***150.00

DOCUMENT # K42358

1. Entity Name
IMPORTS OF MIAMI INC.

Principal Place of Business

% SALO GROSFELD
14652 BISCAYNE BLVD
NORTH MIAMI FL 33181

Mailing Address

19401 W. DIXIE HWY
14652 BISCAYNE BLVD
MIAMI FL 33180
US

2. Principal Place of Business

19401 W DIXIE HWY

3. Mailing Address

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33180

Country

Zip

Country

4. FEI Number **65-0080834**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GROSFELD, SALO
14652 BISCAYNE BLVD
NORTH MIAMI FL 33181

ONLY THE ADDRESS

7. Name and Address of New Registered Agent

Name

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

19401 W DIXIE HWY

City
MIAMI

FL

Zip Code
33180

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, 2002 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 **D** ☐ Delete
 NAME **GROSFELD, SALO**
 STREET ADDRESS **14652 BISCAYNE BLVD** ONLY THE ADDRESS
 CITY-ST-ZIP **N MIAMI FL**

TITLE **D** ☐ Delete
 NAME **GROSFELD, JAIME**
 STREET ADDRESS **1070 SOUTH SHORE DR.** ONLY THE ADDRESS
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **19401 W DIXIE HWY**
 CITY-ST-ZIP **MIAMI FL 33180**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **13390 BISCAYNE BAY DR**
 CITY-ST-ZIP **MIAMI FL 33181**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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, or on a power of attorney.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 AV

CR2E034 (9/01)