

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90038 048 ***150.00

DOCUMENT # L71544

1. Entity Name

THE NEW MIAMI WHOLESALE EXIMPORT, INC.

Principal Place of Business

Mailing Address

~~3399 NW 72ND AVE~~ 8080 NW 29 ST ~~3399 NW 72ND AVE~~ 8080 NW 29 ST
~~SUITE 107~~ ~~SUITE 107~~
 MIAMI FL 33122 MIAMI FL 33152-2755

2. Principal Place of Business
 8080 NW 29 ST

3. Mailing Address
 8080 NW 29 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 MIAMI FL

City & State
 MIAMI FL

4. FEI Number 65-0192355

Applied For
 Not Applicable

Zip
 33122

Country
 USA

Zip
 33122

Country
 USA

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

VIMO, NORMAN
~~3399 NW 72ND AVE~~ 8080 NW 29 ST.
~~SUITE 107~~ MIAMI FL 33122

Name
 NORMAN VIMO
 Street Address (P.O. Box Number is Not Acceptable)
 8080 NW 29 STREET
 City MIAMI FL Zip Code 33122

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3-22-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 Delete
 NAME DPS
 STREET ADDRESS VIMO, NORMAN
~~3399 NW 72ND AVE STE 107~~ 8080 NW 29 ST
 CITY-ST-ZIP MIAMI FL MIAMI FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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 1 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 # 305-599-9955

CR2E034 (9/99)