

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002839**

1. Entity Name  
**CHINA GIFTWARE IMPORT/EXPORT, L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 14 PM 1:25

Principal Place of Business  
6925 NORTHWEST 77TH AVENUE  
MIAMI FL 33166

Mailing Address  
6925 NORTHWEST 77TH AVENUE  
MIAMI FL 33166-2835

*PLEASE CHANGE*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5205 N.W. 163<sup>rd</sup> ST.**

3. Mailing Address  
**5205 N.W. 163<sup>rd</sup> ST.**

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

Zip  
**33014**

Country  
**USA**

4. FEI Number  
**05-0920956**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

30000332179 3  
-07/19/00--01012--021  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, LUIS 6925 NORTHWEST 77TH AVENUE MIAMI FL 33166 <i>DELETE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YUNGMAN, BERNANDO M 6925 NORTHWEST 77TH AVENUE MIAMI FL 33166 <i>DELETE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, YAMILET D 6925 NORTHWEST 77TH AVENUE MIAMI FL 33166 <i>DELETE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNAN BOMBARDIERE 5205 N.W. 163 <sup>rd</sup> ST. MIAMI FL 33166 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROMINA LAURA PETERSON 5205 N.W. 163 <sup>rd</sup> ST. MIAMI FL 33166 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date **7/11/00** Daytime Phone # **(305) 623-1999**