

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

2. Principal Place of Business
5205 N.W. 163rd ST.
Suite, Apt. #, etc.

3. Mailing Address
5205 N.W. 163rd ST.
Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA
Zip 33014 Country USA

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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

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIEGO HERNAN BOMBARDIERE 5205 N.W. 163 rd 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 rd ST. MIAMI FL 33166 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

SIGNATURE REQUIRED
DIEGO HERNAN BOMBARDIERE 7/11/00 (305) 623-1999