

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90970 025 \*\*\*150.00

**DOCUMENT # M52784**

1. Entity Name  
**P.B. IMPORT & EXPORT, INC.**



Principal Place of Business  
~~8423 N.W. 1ST TERRACE~~  
**MIAMI FL 33126-3814**  
US

Mailing Address  
~~8423 N.W. 1ST TERRACE~~  
**MIAMI FL 33126-3814**  
US

2. Principal Place of Business **M.I.M.M.**  
**MIAMI INT'L HERCHANDISE MART**  
**777 NW 72 AVEN.**  
**SHOW ROOM 1-BB-67**

3. Mailing Address  
**3983 KUMQUAT AVENUE**  
Suite, Apt. #, etc.

City & State  
**MIAMI FLORIDA**

City & State  
**MIAMI - FLORIDA**

Zip  
**33126**

Country  
**USA**

Zip  
**33133-5611**

Country  
**U.S.A.**

4. FEI Number **65-0311759**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**VELASQUEZ, OLGA**  
~~8423 NW 1ST TERR~~ **3983 KUMQUAT AVEN.**  
~~MIAMI FL 33126~~ **MIAMI, FL. 33133**

## 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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete  
NAME **VELASQUEZ, OLGA**  
STREET ADDRESS ~~8423 NW 1 TERRACE~~ **3983 KUMQUAT AVEN.**  
CITY-ST-ZIP ~~MIAMI FL 33126~~ **MIAMI FL. 33133**

TITLE **VT** ☐ Delete  
NAME **VELASQUEZ, CLAUDIA**  
STREET ADDRESS ~~8423 N.W. 1 TERRACE~~ **3983 KUMQUAT AVEN.**  
CITY-ST-ZIP ~~MIAMI FL 33126~~ **MIAMI, FL. 33133**

TITLE **PST** ☒ Delete  
NAME **SALOM PIZA, JAINE**  
STREET ADDRESS ~~8423 NW 1 TERR~~  
CITY-ST-ZIP ~~MIAMI FL 33126~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **OLGA VELASQUEZ** **ROCKY OLGA VELASQUEZ** 4-01-03 305.269.0056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)