## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P0000000379 1. Entity Name **URBINA IMPORT & EXPORT CORPORATION** -23-2001 90103 050 \*\*\*150.00 Principal Place of Business Mailing Address 1223 FAIRLAKE TRACE APT. 808 1223 FAIRLAKE TRACE APT. 808 WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business 130 Bonaventure Blud 3. Mailing Address 130 Bona Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0970435 EIN世 Not Applicable Country USA. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ÜRBIN<u>A</u> JORGE A. URBINA, JORGE A Not Acceptable APT. 204 .ddress (P.O. Box Number is N BDNAVBN TURE 1223 FAIRLAKE TRACE APT. 808 WESTON FL 33326 CILYESTON. Zip Code 33326 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE Signature, typed FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE Delete. TITLE URBINA, JORGE A. NAME URBINA, JORGE A NAME 130 BONAVENTURE BLUD APT. 204 STREET ADDRESS 1223 FAIRLAKE TRACE APT. 808 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON, FL, 33326 WESTON FL 33326 TITLE TITLE X Delete URBINA, NELLY M. URBINA, NELLY M NAME NAME 130 BONAVENTURE BLVD APT. 204 STREET ADDRESS 1223 FAIRLAKE TRACE APT. 808 STREET ADDRESS WESTON, FL, 33326 CITY-ST-7IF CITY-ST-7IE WESTON FL 33326 TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 strustee 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 a address, with a other like empowered.