

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90002 007 ***150.00

40073993

DO NOT WRITE IN THIS SPACE

DOCUMENT # <u>P00000004674</u>																																																																																																																																						
1. Entity Name <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 1A </div> IMPORT EXPORT & TRANSLATING INC.																																																																																																																																						
Principal Place of Business			Mailing Address																																																																																																																																			
PO BOX 013575 MIAMI FL 33101																																																																																																																																						
2. Principal Place of Business			3. Mailing Address																																																																																																																																			
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																			
City & State			City & State																																																																																																																																			
Zip	Country	Zip	Country	4. FEI Number 65-0992468																																																																																																																																		
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																																																			
			Name ALLAN D BLOOMBERG																																																																																																																																			
			Street Address (P.O. Box Number is Not Acceptable)																																																																																																																																			
			4501 SHERIDAN ST																																																																																																																																			
			City HOLLYWOOD FL Zip Code 33021																																																																																																																																			
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 <u>Allan D Bloomberg</u> <u>6/13/01</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)			<div style="border: 1px solid black; padding: 2px; text-align: center;"> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State </div>																																																																																																																																			
			10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																																																																																																																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 11. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PRESIDENT</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ELENA BATTAGLIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 013575</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI FL 33101</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PRESIDENT	<input type="checkbox"/> Delete	NAME	ELENA BATTAGLIA		STREET ADDRESS	PO BOX 013575		CITY - ST - ZIP	MIAMI FL 33101					TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Delete																																																																																																																																				
NAME	ELENA BATTAGLIA																																																																																																																																					
STREET ADDRESS	PO BOX 013575																																																																																																																																					
CITY - ST - ZIP	MIAMI FL 33101																																																																																																																																					
TITLE		<input type="checkbox"/> Delete																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY - ST - ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Delete																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY - ST - ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Delete																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY - ST - ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Delete																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY - ST - ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY - ST - ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY - ST - ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
NAME																																																																																																																																						
STREET ADDRESS																																																																																																																																						
CITY - ST - ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																						
SIGNATURE: <u>E Battaglia</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																						

CR2E034 (11/00)