

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90479 033 ***150.00

DOCUMENT # P00000022358

1. Entity Name

EXIMPORT INTERNATIONAL SALES, INC.

Principal Place of Business

7391 N.W. 35TH STREET
 MIAMI FL 33122

Mailing Address

7391 N.W. 35TH STREET
 MIAMI FL 33122

00046718

2. Principal Place of Business

8367 N.W. 74 ST

3. Mailing Address

8367 N.W. 74 ST

Suite, Apt. #, etc.

UNIT B - Building #3

Suite, Apt. #, etc.

UNIT B - Building #3

City & State

MIAMI - Florida

City & State

MIAMI - Florida

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.

4. FEI Number

65-0983045

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, JORGE E
 7391 N.W. 35TH STREET
 MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

GOMEZ, JORGE E

Street Address (P.O. Box Number is not acceptable)

8367 N.W. 74 ST UNIT B - Bldg #3

Miami

City

Miami

FL

Zip Code

33166

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GOMEZ, JORGE E
 CITY-ST-ZIP 7391 N.W. 35TH STREET
 MIAMI FL 33122

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.14.01

Date

305-715-9405

Daytime Phone #

CR2E034 (10/00)