

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90082 012 ***150.00

DOCUMENT # P00000031194

1. Entity Name
MYRIAD IMPORT-EXPORT, INC.

Principal Place of Business

**2810 SUNSET RD. W.
 MELBOURNE FL 32904**

Mailing Address

**2810 SUNSET RD. W.
 MELBOURNE FL 32904**

2. Principal Place of Business

1600 VISTA LAKE Cir.

Suite, Apt. #, etc.

3. Mailing Address

1600 VISTA LAKE Cir.

Suite, Apt. #, etc.

City & State

W. Melbourne, FL

City & State

W. Melbourne, FL

Zip

32904

Country

U.S.A.

Zip

32904

Country

U.S.A.

4. FEI Number

59-3636709

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**POALELUNGI, COSTICA
 2810 SUNSET RD. W.
 MELBOURNE FL 32904**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1600 VISTA LAKE Circle

City

W. Melbourne

FL

Zip Code

32904

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	D	<input type="checkbox"/> Delete
NAME	POALELUNGI, COSTICA	
STREET ADDRESS	2810 SUNSET RD. W.	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	D	<input type="checkbox"/> Delete
NAME	POALELUNGI, MARY	
STREET ADDRESS	2810 SUNSET RD. W.	
CITY-ST-ZIP	MELBOURNE FL 32904	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1600 Vista Lake Circle	
STREET ADDRESS	W. Melbourne, FL	
CITY-ST-ZIP	32904	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1600 Vista Lake Circle	
STREET ADDRESS	W. Melbourne, FL	
CITY-ST-ZIP	32904	
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: **POALELUNGI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COSTICA POALELUNGI

4/1/01

Date

(321) 952-6148

Day/Time Phone #

CR2E034 (10/00)