

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045957

1. Entity Name

IMPORTCARD FINANCIAL, INC.

Principal Place of Business

Mailing Address

2159 CORAL WAY
MIAMI, FL 33145-2627

2. Principal Place of Business

3. Mailing Address

8525 NW 53RD TERRACE
SUITE 220

City & State
MIAMI, FL

City & State

Zip
33166

Country
DADE

Zip

Country

4. FEI Number

65-1013898

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 14 AM 10:02

900004739579--4
-12/26/01--01088--004
***150.00 ***150.00

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, DANIEL
2159 CORAL WAY
MIAMI, FL 33145-2627

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.

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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

(12)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Carlos M. Milan, President: CEO 10/26/01 (305) 477-0970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)



September 24, 2001

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir:

Enclosed please find check for \$150.00 to cover reinstatement of the Corporation in the State records. We did not receive the letters sent in January or later on in May, and that is the reason for not having sent the money.

Our principal place of business, as well as our mailing address is:

ImportCARD Financial, Inc.
8525 N.W. 53 Terrace, Suite 220
Miami, FL 33166

Sincerely,

Luis C. Isaza, CFO
ImportCARD Financial, Inc.