

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060784

1. Entity Name

IMPORT HOUSE ENTERPRISES INC.

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90108 026 \*\*\*150.00

Principal Place of Business

1540 N.E. 128TH ST.  
NORTH MIAMI FL 33161

Mailing Address

1540 N.E. 128TH ST.  
NORTH MIAMI FL 33161

2. Principal Place of Business

169 E. Flagler St.  
Suite, Apt. #, etc.  
1534

3. Mailing Address

1800 W. 49th St.  
Suite, Apt. #, etc.  
121

City & State

Miami, Fl.

City & State

Miami, Fl.

4. FEI Number

65-1017754

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33012

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORRALES, FERMIN  
1540 N.E. 128TH ST.  
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

169 E. Flagler St. Ste. 1534

City

Miami, FL

State

FL

Zip Code

33131

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ARIAS, FLORA	
STREET ADDRESS	1540 N.E. 128TH ST.	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CORRALES, FERMIN	
STREET ADDRESS	1540 N.E. 128TH ST.	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CRESPO, MARTINA	
STREET ADDRESS	1540 N.E. 128TH ST.	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DELGADO, MELVIN	
STREET ADDRESS	1540 N.E. 128TH ST.	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DE CORALLES, SANDRA L	
STREET ADDRESS	1540 N.E. 128TH ST.	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CRESPO, RAFAEL	
STREET ADDRESS	1540 N.E. 128TH ST.	
CITY-ST-ZIP	NORTH MIAMI FL 33161	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/01 (305) 860-4167

Daytime Phone #

CR2E034 (10/00)