

FILED
Jun 15, 2001 8:00 am
Secretary of State
 05-03-2001 90055 013 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075089			
1. Entity Name BUZIOS EXPORT'S, CORP.			
Principal Place of Business 18317 N.W. 61 PLACE MIAMI LAKES FL 33015		Mailing Address 18317 N.W. 61 PLACE MIAMI LAKES FL 33015	
2. Principal Place of Business 18317 NW 61 Place		3. Mailing Address 18317 NW 61 Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Lakes		City & State Miami Lakes FL	
Zip 33015	Country United States	Zip 33015	Country United States
4. Name and Address of Current Registered Agent MEJIA, IVELIZE 18317 N.W. 61 PLACE MIAMI LAKES FL 33015		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
5. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$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	DP MEJIA, IVELIZE 18317 N.W. 61 PLACE MIAMI LAKES FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SILVA, RICARDO 18317 N.W. 61 PLACE MIAMI LAKES FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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><i>Ivelize Mejia</i></u>		4-25-00 305-231-7641	
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/00)