

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90402 026 ***150.00

DOCUMENT # P00000075436

1. Entity Name

HMV IMPORT & EXPORT, INC.

Principal Place of Business

**217-C FOXTAIL DRIVE
 WEST PALM BEACH FL 33415**

Mailing Address

**217-C FOXTAIL DRIVE
 WEST PALM BEACH FL 33415**

2. Principal Place of Business

3826 MATCH ROAD

Suite, Apt. #, etc.

3. Mailing Address

3826 MATCH ROAD

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

4. FEI Number

65-1030640

Applied For

Not Applicable

Zip

33467

Country

PALM BEACH

Zip

33467

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**VAROL, MURAT S
 217-C FOXTAIL DRIVE
 WEST PALM BEACH FL 33415**

7. Name and Address of New Registered Agent

Name

MURAT VAROL

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

3826 MATCH ROAD

City

LAKE WORTH

FL

Zip Code

33467

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

4-25-01

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** ☐ Delete
 NAME **VAROL, MURAT S**
 STREET ADDRESS **217-C FOXTAIL DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **MURAT VAROL**
 STREET ADDRESS **3826 MATCH ROAD**
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 NAME
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 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

Daytime Phone #

4-25-01

CR2E034 (10/00)