

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000078240**

1. Entity Name

DO 1 IMPORT & EXPORT, INC.**FILED****01 JUN 13 PM 3:18****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**1448 NORTHWEST 81ST TERRACE
PLANTATION FL 33322**

Mailing Address

**1448 NORTHWEST 81ST TERRACE
PLANTATION FL 33322**

2. Principal Place of Business

2087 SW 159TH TERRACE

Suite, Apt. #, etc.

3. Mailing Address

2087 SW 159TH TERRACE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES**33027**

Country

City & State

PEMBROKE PINES**33027**

Country

4. FEI Number

65-1033942

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
MARTIN, RON C
1448 NORTHWEST 81ST TERRACE
PLANTATION FL 33322**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SYLVESTER-MARTIN, VANESSA
1448 NORTHWEST 81ST TERRACE
PLANTATION FL 33322**☐ DeleteTITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Ron C. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)