

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093778

1. Entity Name
ARFIL USA IMPORTERS & EXPORTERS, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90053 049 ***150.00

Principal Place of Business 2393 SW 67TH AVE MIAMI FL 33155	Mailing Address 2393 SW 67TH AVE MIAMI FL 33155
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2. Principal Place of Business 782 NW 42 Ave	3. Mailing Address 782 NW 42 Ave
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Suite, Apt. #, etc. #328	Suite, Apt. #, etc. #328
City & State Miami, FL	City & State Miami, Florida
Zip 33126	Country 33126



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent THE SOLANO GROUP, P.A. 782 NW LEJEUNE ROAD SUITE #328 MIAMI FL 33155	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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) <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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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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

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: ORLANDO SLAVA 4/28/01 (305) 441-2604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)