

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90133 013 ***158.75

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DOCUMENT # **P00000097953**

1. Entity Name
AMERICA IMPORT & EXPORT, INC.



Principal Place of Business
7322NW 12 ST
SUITE B
MIAMI FL 33126

Mailing Address
1628 NW 171 AVE
PEMBROKE PINES FL 33028



2. Principal Place of Business
10031 Pines Blvd.

3. Mailing Address
10031 Pines Blvd.

Suite, Apt. #, etc.
246

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

Zip
33024

Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1062802**

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

6. Name and Address of Current Registered Agent

LAU, VINCENT W
1628 NW 171 AVE
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name **Gonzalo Montenegro**

Street Address (P.O. Box Number is Not Acceptable)
10031 Pines Blvd, Ste 246

City **Pembroke Pines** FL Zip Code **33024**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **VICE-PRESIDENT** DATE **04/30/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAU, VINCENT W	
STREET ADDRESS	1628 NW 171 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONTENEGRO-LAU, KATYA M	
STREET ADDRESS	1628 NW 171 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MONTENEGRO, GONZALO B	
STREET ADDRESS	1628 NW 171 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MONTENEGRO, FERNANDO	
STREET ADDRESS	1628 NW 171 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTENEGRO, Gonzalo B	
STREET ADDRESS	1212 NW 143 Ave	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** DATE **04/30/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)