

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90155 046 ***150.00

0149038

DOCUMENT # P00000100925

1. Entity Name
BLR IMPORT AND EXPORT CORPORATION

Principal Place of Business
245 SE 1ST STREET STE 100
MIAMI FL 33015

Mailing Address
245 SE 1ST STREET STE 100
MIAMI FL 33015

2. Principal Place of Business
100 SE 1 street
 Suite, Apt. #, etc.
36

3. Mailing Address
100 SE 1 street
 Suite, Apt. #, etc.
36

City & State
Miami FL
 Zip
33131
 Country
USA

City & State
Miami FL
 Zip
33131
 Country
USA

4. FEI Number
65-1051920

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CASTRO, LUIS A
19010 NW 57 AVE APT 310
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name
Luis A. CASTRO
 Street Address (P.O. Box Number is Not Acceptable)
6031 Summer Lake Dr #304
 City
Davie FL Zip Code
33314

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	PD	<input type="checkbox"/> Delete
NAME	CASTRO, LUIS A	
STREET ADDRESS	19010 NW 57 AVE #310	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BELLORIN, DANNERIS R	
STREET ADDRESS	19010 NW 57 AVE #310	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TRUJILLO, RUBEN R	
STREET ADDRESS	3730 SW 48 AVE APT A4-204	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Castro, Luis A	
STREET ADDRESS	6031 Summer Lake Dr #304	
CITY-ST-ZIP	Davie, FL 33314	
TITLE	ZAZA, JOSE ANTONIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	6031 SUMMER LAKE DR #304	
CITY-ST-ZIP	DAVIE, FL. 33314	
TITLE	CARABALLO, MARBYS MERCEDES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	6031 SUMMER LAKE DR #304	
CITY-ST-ZIP	DAVIE FL. 33314	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Luis A. Castro 3-26-01 (305) 761-8498

Date

Daytime Phone #

CR2E034 (10/00)