

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90156 040 ***550.00

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DOCUMENT # P00000103120

1. Entity Name

FO FO IMPORT - EXPORT RETAIL, INC.



Principal Place of Business

**641 NW 60TH ST.
MIAMI FL 33127**

Mailing Address

**641 NW 60TH ST.
MIAMI FL 33127**

2. Principal Place of Business

1065 EAST 21 street

3. Mailing Address

1065 EAST 21 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HiALEAH FL

City & State

HiALEAH FL

Zip
33013

Country

Zip

33013

Country

4. FEI Number

65-1057356

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DESTIN, EMILE
641 NW 60TH ST.
MIAMI FL 33127**

7. Name and Address of New Registered Agent

Name **Destin EMILE**

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

1065 EAST 21 street

City

HiALEAH

FL

Zip Code

33013

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

Emile Destin President

9/5/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **P** ☐ Delete
NAME **DESTIN, EMILE**
STREET ADDRESS **401 NE 171 TERRACE**
CITY-ST-ZIP **N M B FL 33162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Emile Destin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/03 305 335 0576

Date Daytime Phone #

CR2E034 (4/03)