

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90205 028 ***150.00

DOCUMENT # P00000104131

1. Entity Name

COVEXSA IMPORT & EXPORT, CORP.

Principal Place of Business

**201 RACQUET CLUB RD. N#129
WESTON FL 33326**

Mailing Address

**201 RACQUET CLUB RD. N#129
WESTON FL 33326**

2. Principal Place of Business

4530 HIATUS ROAD

3. Mailing Address

4530 HIATUS ROAD

Suite, Apt. #, etc.

114

Suite, Apt. #, etc.

114

City & State

SUNRISE

City & State

SUNRISE

Zip

33351

Country

BROWARD

Zip

33351

Country

BROWARD

6. Name and Address of Current Registered Agent

**E & V GREAT PROFESSIONAL, INC.
5545 S.W. 8 ST. SUITE 107
MIAMI 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 **PD** ☐ Delete
NAME **ROMERO, XIOMARA**
STREET ADDRESS **201 RACQUET CLUB RD. N#129**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **VPSD** ☐ Delete
NAME **ROMERO, MERCEDES**
STREET ADDRESS **201 RACQUET CLUB RD. N#129**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **TD** ☐ Delete
NAME **SANDOVAL, MARIA**
STREET ADDRESS **201 RACQUET CLUB RD. N#129**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **ROMERO, XIOMARA**
STREET ADDRESS **4530 HIATUS ROAD # 114**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **VPSD** ☒ Change ☐ Addition
NAME **ROMERO, MERCEDES**
STREET ADDRESS **4530 HIATUS ROAD # 114**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **TD** ☒ Change ☐ Addition
NAME **SANDOVAL, MARIA**
STREET ADDRESS **4530 HIATUS ROAD # 114**
CITY-ST-ZIP **SUNRISE, FL 33351**

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

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

TITLE ☐ Change ☐ 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)(l), 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

Date

Daytime Phone #

CR2E034 (10/00)