

2001 UNIFORM BUSINESS REPORT (UBR)

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

08-15-2001 90006 048 ***550.00

DOCUMENT # P00000104930

1. Entity Name

IMPORT-EXPORT MASTERS CORPORATION

Principal Place of Business

**665 ALBATROSS STREET
 MIAMI SPRINGS FL 33166**

Mailing Address

**665 ALBATROSS STREET
 MIAMI SPRINGS FL 33166**

2. Principal Place of Business

249 HUNTING LODGE DR. 249 HUNTING LODGE DR.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI SPRINGS, FL

City & State

MIAMI SPRINGS, FL

4. FEI Number

65-1053502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **D** ☐ Delete
 NAME **DA SILVA, MONCLAR**
 STREET ADDRESS **665 ALBATROSS STREET**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **DA SILVA, MONCLAR**
 STREET ADDRESS **249 HUNTING LODGE DR.**
 CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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 authority like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/08/01

Date

305-888-5548

Daytime Phone #

CP20034 (5/01)