

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105235

1. Entity Name

MAVIR IMPORT TRADING CORP.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 17 PM 4:27

Principal Place of Business

Mailing Address

9370 E BAY HARBOR DR #2-B
BAY HARBOR ISLAND FL 33154

9370 E BAY HARBOR DR #2-B
BAY HARBOR ISLAND FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1084314

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GRANCHI, ALBERTO~~ JULIO FEDERICO PEREZ BALBI
~~9370 E BAY HARBOR DR #2-B~~ 220 71ST STREET #213
~~BAY HARBOR ISLAND FL 33154~~ MIAMI BEACH, FL 33141

Name JULIO FEDERICO PEREZ BALBI

Street Address (P.O. Box Number is Not Acceptable) 220 71ST STREET #213

City MIAMI BEACH FL Zip Code 33141

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 of agent or director 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PT~~ ☐ Delete
NAME ~~BALBI JULIO F~~
STREET ADDRESS ~~QUINTANA 665 ADRGUE~~
CITY-ST-ZIP ~~1076 REPUBLICA ARGENTINA~~

TITLE PRES/DIR ☐ Change ☐ Addition
NAME JULIO FEDERICO PEREZ BALBI
STREET ADDRESS 220 71ST STREET -SUITE 213
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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

APRIL 27, 2001 (305) 868 7060

Date

Daytime Phone #