

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000031559

1. Entity Name

C.M.R.I. Export, Inc.



FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

04 JUN 25 PM 3:10

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4851 SW 75 Ave.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

REINSTATEMENT 02-04

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1281173

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Nancy B. Mendez

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

4851 SW 75 Ave.

City

Miami

FL

Zip Code

33155

**DO NOT WRITE
IN THIS SPACE**

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

Nancy Mendez

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-STATE-ZIP

Nancy B. Mendez
4851 SW 75 Ave
Miami, FL 33155

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

500038427345
06/29/04-01064-012 **450.00

TITLE

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NAME

STREET ADDRESS

CITY-STATE-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy Mendez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone #

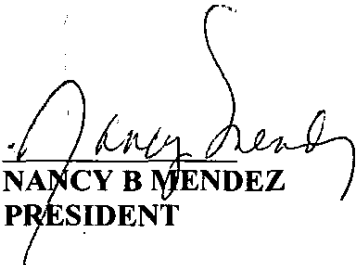
CR20346 (12/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2002, 2003, 2004 or any other notice from the Division of Corporations in respect with the Corporation **C.M.R.I. EXPORT, INC.**

Thank you for your courtesy in this matter.



NANCY B MENDEZ
PRESIDENT