

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

003055 AV

DOCUMENT # **P01000070572**



1. Entity Name
FORTUNE IMPORT & EXPORT, INC.

Principal Place of Business
30 SW 113TH CT
MIAMI FL 33174

Mailing Address
30 SW 113TH CT
MIAMI FL 33174

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

9/5/2003-90112-020-\$150.00-\$150.00

FILED

03 OCT 14 PM 3: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

4. FEI Number	65-1127059	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MONDOL, BOETONEZA B
30 SW 113TH CT
MIAMI FL 33174**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

B. Mondol Boetoneza Mondol /President 8-30-03

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 **PD** Delete
NAME **MONDOL, BOETONEZA B**
STREET ADDRESS **30 SW 113TH CT**
CITY-ST-ZIP **MIAMI FL 33174**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **6000023797036** Change Addition
NAME **10-14703-01067-003** Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: *B. Mondol Boetoneza Mondol* 8-30-03 220-6082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)