

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91758 032 ***150.00

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DOCUMENT # P02000028997

1. Entity Name
B AND D IMPORT EXPORT, INC.



Principal Place of Business
**1180 S POWERLINE RD STE 104
POMPANO BCH FL 33069**

Mailing Address
**1180 S POWERLINE RD STE 104
POMPANO BCH FL 33069**

2. Principal Place of Business
1150 S. POWERLINE ROAD

3. Mailing Address
1150 S. POWERLINE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

4. FEI Number
03-0416949

Applied For
Not Applicable

Zip
33069

Country

Zip
33069

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERMAN, MARIO D ESQ.
100 E SAMPLE STE 320
POMPANO BCH FL 33064**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DEL NARDO, MARITZA**
CITY-ST-ZIP **1180 S. POWERLINE ROAD, SUITE 104
POMPANO BEACH FL 33069**

TITLE ☐ Change ☐ Addition
NAME **CR**
STREET ADDRESS **1150 S. POWERLINE ROAD**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 (954) 9339493

Date

Daytime Phone #

CR2E034 (10/02)