

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90142 043 ***550.00

0037379 AV

DOCUMENT # P02000040503

1. Entity Name

PADGETT & SON IMPORT & EXPORT, INC.



Principal Place of Business

**471 N.W. 82ND AVENUE
#716
MIAMI FL 33122**

Mailing Address

**471 N.W. 82ND AVENUE
#716
MIAMI FL 33122**

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

043656582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROVELO, DIANA L
471 N.W. 82ND AVENUE
#716
MIAMI FL 33122**

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ROVELO, DIANA L	
STREET ADDRESS	471 N.W. 82ND AVENUE #716	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROVELO, JUAN F	
STREET ADDRESS	471 N.W. 82ND AVENUE #716	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	D	<input type="checkbox"/> Delete
NAME	PADGETT, ARNOLD W	
STREET ADDRESS	COLONIA MARADIAGA CALLE RETORNO LOS OLIVOS	
CITY-ST-ZIP	TEGUCIGALPA, HONDURAS	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 30/03 (305) 599 0115

Date Daytime Phone #

CR2E034 (4/03)