

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90096 038 \*\*\*158.75

**DOCUMENT # P02000086000**

**1. Entity Name**  
**SPECIALLY FOR YOU EXPORT-IMPORT, INC.**



**Principal Place of Business**  
9455 COLLINS AVE STE 301  
SURFSIDE FL 33154

**Mailing Address**  
9455 COLLINS AVE STE 301  
SURFSIDE FL 33154



**2. Principal Place of Business**

**3. Mailing Address**

9225 Collins Avenue

9225 Collins Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 407

# 407

City & State

City & State

Miami Beach, FL

Miami Beach, FL

Zip

Country

Zip

Country

33154

Miami-Dade

33154

Miami-Dade

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

33-1018285

**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**

MUNICHOR, BORIS

9455 COLLINS AVE STE 301

SURFSIDE FL 33154

Name

Munichor Boris

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

9225 Collins Avenue # 407

City

Miami Beach

FL

Zip Code

33154

**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**

4/10/03

**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**

<b>TITLE</b>	DP	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	MUNICHOR, BORIS	
<b>STREET ADDRESS</b>	9455 COLLINS AVE STE 301	
<b>CITY-ST-ZIP</b>	SURFSIDE FL 33154	
<b>TITLE</b>	DV	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	MUNICHOR, SARA	
<b>STREET ADDRESS</b>	9455 COLLINS AVE STE 301	
<b>CITY-ST-ZIP</b>	SURFSIDE FL 33154	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Munichor Boris	
<b>STREET ADDRESS</b>	9225 Collins Avenue # 407	
<b>CITY-ST-ZIP</b>	Miami Beach, FL 33154	
<b>TITLE</b>	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Munichor Sara	
<b>STREET ADDRESS</b>	9225 Collins Avenue # 407	
<b>CITY-ST-ZIP</b>	Miami Beach, FL 33154	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/10/03 (305) 864-0205

Date

Daytime Phone #

CR2E034 (10/02)