

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91886 011 ***150.00

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AV

DOCUMENT # P02000111261

1. Entity Name
INTERCONTINENTAL IMPORTS & EXPORTS, INC.



Principal Place of Business
**1142 SW 122ND AVENUE
PEMBROKE PINES FL 33025**

Mailing Address
**1142 SW 122ND AVENUE
PEMBROKE PINES FL 33025**



2. Principal Place of Business

3. Mailing Address

1142 S.W. 122ND AVE

1142 S.W. 122ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B46

B46

City & State

City & State

PEMBROKE PINES

PEMBROKE PINES

Zip

Zip

33025

33025

Country

Country

FLA U.S.A

FLA U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

72-1532329

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

**NJIE, SAJUKA
1142 SW 122ND AVENUE
PEMBROKE PINES FL 33025**

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)

5/1/03
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 **P** ☐ Delete
NAME **NJIE, SAJUKA**
STREET ADDRESS **1142 SW 122ND AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIG SAJUKA NJIE

5/1/03 (954) 432-9017

Date Daytime Phone #

CR2E034 (10/02)