Sending back was my 2003 FOR PROFIT CORPORATION IS (UNIFORM BUSINESS REPORT (UBR)

FILED Apr 18, 2003 8:00 am Secretary of State 03-31-2003 90199 024 ***150.00

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PRINCIPLE PROVIDE TRACE IS F #200 MAN IR, 20174 2. Principle Place of Business Sub ir RAGERS ST #200 MAN IR, 20174 Sub AR AR 1, 400. City & State City & FL Ziro Coorder Normal Additions of Current Registrational Agents City & FL Ziro Coorder City & FL Zi	BERETTA	EXPORT & IMPORT INTER	NATIONAL CORP.					
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E. Name and Address of Current Registered Agent E. Name and Address of Current Registered Agent E. Name and Address of Current Registered Agent F. Name and Address of Current Registered Agent 7. Name and Address of River Registered Agent 8. The above name of entity submits this statement for the purpose of charging its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. F.L. Zip Code F					☐ CHECK HERE IF MAKING CHANGES		i	
E. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am flamiliar with, and accept the objections of registered agent. 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 flamiliar with, and accept the objections of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am flamiliar with, and accept the objections of registered agent. 9. Electricin Carripalign Financing State Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 11. 11. ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 11. 12. OFFICERS AND DIRECTORS IN 11. 13. ENAME STREET ADDRESS ORTH-ST-220 14. MAME STREET ADDRESS ORTH-ST-220 15. Electricin Carripalign Financing State In ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 11. 15. ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 11. 16. Change Addition IN ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 11. 17. Name and Address or the Addition In ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 11. 18. Change Addition In ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 11. 19. Change Addition IN ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 11. 19. Change Addition IN ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 11. 19. Change Addition IN ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 11. 19. Change Addition IN ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 11. 19. Change Addition IN ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 11. 19. Change Addition IN ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 11. 19. Change Addition IN ADDITIONS/CHANSES TO	City & Stat	te	City & State			4. FEI Number - 388 (2018		
G. Name and Address of Current Registered Agent GARAT, FABIAN M 9390 W FLAGLER ST #220 MIAMI FL 33174 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or negistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of legistered agent, and present agent as the alegorable. SIGNATURE SIGNATURE FILE NOWILL FEE IS 3150.00 Alfor May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN 11 TIME MAY GARAT, FABIAN M STREEL ADDRESS CITY-51-2P TIME MAY STREEL ADDRESS CITY-51-2P TIME MA	Zip	Country	Zip ·	Cour	ntry		8.75 Ad	klitional
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12. I hereby certify that the information supplied with this filling acts 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 expression specific this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if	12. I hereby o	certify that the information supplied with	this filling does not qualify for			tion 119.07(3)(i), Florida Statutes, 1 further certify:	that the in	nformation