## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P92000005529

Country

CORPORATION INFORMATION SERVICES INC.

6. Name and Address of Current Registered Agent

2. Principal Place of Business

1201 HAYS ST.

Suite, Apt. #, etc.

City & State

Zip

TAKA IMPORT & EXPORT, INC.

Principal Place of Business Mailing Address 269 COSTANARA ROAD 269 COSTANARA ROAD CORAL GABLES FL 33143-6522 CORAL GABLES FL 33143

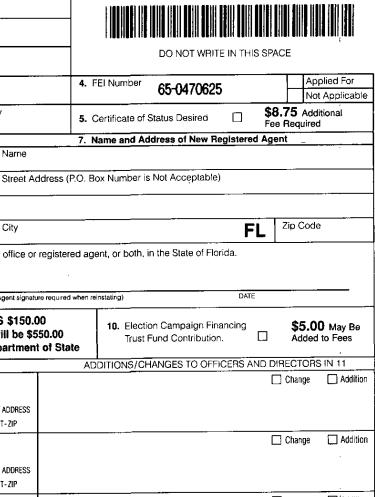
3. Mailing Address

City & State

Suite, Apt. #, etc.

## FILED Feb 23, 2000 8:00 am Secretary of State

02-23-2000 90022 020 \*\*\*150.00



TALLAHASSEE FL 32301								
			City		FL	Zip Code	}	
8. The above nan	ned entity submits this statement for the	purpose of changing its regis	stered office or registered	agent, or both, in the State of Florida				
SIGNATURE	ature, typed or printed name of registered agent and tit	e if applicable. (NOTE: Regi	stered Agent signature required w	hen reinstating)	DATE			
Tax filing requirement and elects to do so.  After MAY 1		FILE NOW!!! FI After MAY 1, 2000 F Make Check Payable to	ee will be \$550.00	i		Added	May Be to Fees	
11.	OFFICERS AND DIR	ECTORS	12.	ADDITIONS/CHANGES TO OFFICER			SIN 11	
STREET ADDRESS 3	IAKANO, CYNTHIA GROVE ISLE DR., UNIT 1810 OCONUT GROVE FL 33133	<u> </u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_ Change	Addition	CR2E034 (9/99)
TITLE D NAME N STREET ADDRESS 3			TITLE NAME STREET ADDRESS CITY-ST-ZIP		[	☐ Change	Addition	5
NAME NAME N STREET ADDRESS 3			TITLE NAME STREET ADDRESS CITY-ST-ZIP		[	☐ Change	Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	if that the information supplied with this	□ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP			Change	Addition	

Country

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE