2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 03, 2000 8:00 am DOCUMENT # **P93000070470** Secretary of State 1. Entity Name K.V. MARK IMPORTS, INC. 03-03-2000 90216 042 ***150.00 Principal Place of Business Mailing Address 5220 NW 72ND AVE 5220 NW 72ND AVE MIAMI FL 33166-4858 **MIAMI FL 33166** C0925059 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0445167 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOLSKI JR. STEPHEN J Street Address (P.O. Box Number is Not Acceptable) CATLIN, SAXON, TUTTLE AND EVANS, PA 169 EAST FLAGLER STREET MIAMI FL 33131 Zip Code City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE. NAME TRUJILLO, ALFONSO NAME STREET ADDRESS 5220 NW 72ND AVENUE UNIT #25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33166 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME CARRERA, JENNY STREET ADDRESS STREET ADDRESS 5220 NW 72ND AVENUE UNIT 25 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** TITLE... ☐ Change Indition Addition Delete BRUBAKER, JACQUELINE J NAME NAME 5220 NW 72ND AVENUE UNIT 25 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 ☐ Change ∏ Addition X Delete TITLE TITLE ANDRADE, CARLOS NAME NAME STREET ADDRESS STREET ADDRESS 5220 NW 72ND AVENUE UNIT 25 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 X Addition ☐ Change Delete TITLE TITLE PENA, CARLOS NAME NAME AGUIŔRE 104 Y MALECON STREET ADDRESS STREET ADDRESS GUAYAQUIL, ECUADOR CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP