

2001 UNIFORM BUSINESS REPORT (UBR)

2/8

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-08-2001 90018 006 ***150.00

DOCUMENT # P93000070470

1. Entity Name
K.V. MARK IMPORTS, INC.

Principal Place of Business 5220 NW 72ND AVE MIAMI FL 33166	Mailing Address 5220 NW 72ND AVE MIAMI FL 33166
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number **65-0445167** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KOLSKI JR, STEPHEN J
 CATLIN, SAXON, TUTTLE AND EVANS, PA
 169 EAST FLAGLER STREET
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME PD TRUJILLO, ALFONSO	<input checked="" type="checkbox"/> Delete	TITLE NAME PD CARLOS PENA	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5220 NW 72ND AVENUE UNIT #25		STREET ADDRESS Aguirre 104 y Malecon	
CITY-ST-ZIP MIAMI FL 33166		CITY-ST-ZIP Guayaquil, Ecuador	
TITLE NAME V CARRERA, JENNY	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5220 NW 72ND AVENUE UNIT 25		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33166		CITY-ST-ZIP	
TITLE NAME ST BRUBAKER, JACQUELINE J	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5220 NW 72ND AVENUE UNIT 25		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33166		CITY-ST-ZIP	
TITLE NAME D PENA, CARLOS	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS AGUIRRE 104 Y MALECON		STREET ADDRESS	
CITY-ST-ZIP GUAYAQUIL, ECUADOR		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: *J. Muladur* Date: 1/30/01 Daytime Phone #: 305.593.0669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)