

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087179

1. Entity Name

FLEX IMPORT, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90076 025 ***150.00

Principal Place of Business

Mailing Address

~~169 LINCOLN RD.~~
~~SUITE 303~~
~~MIAMI BEACH FL 33139~~

~~169 LINCOLN RD.~~
~~SUITE 303~~
~~MIAMI BEACH FL 33166-4124~~

2. Principal Place of Business

3. Mailing Address

5550 NW 79 AVE

5550 NW 79 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33166

US

33166

US

4. FEI Number

65-0452848

Applied For

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

~~DE SOUZA, CELIO~~
~~169 LINCOLN ROAD, SUITE 303~~
~~MIAMI BEACH FL 33139~~

Name

CELIO DE SOUZA

Street Address (P.O. Box Number is Not Acceptable)

5550 NW 79 AVE

City

MIAMI

FL

Zip Code

33166

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)

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, 2000 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 ☐ Delete
NAME DE SOUZA, CELIO
STREET ADDRESS 169 LINCOLN RD. STE 303
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition
NAME CELIO DE SOUZA
STREET ADDRESS 5550 NW 79 AVE
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)