

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000005649

1. Entity Name

CAMS EXPORT, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90021 032 ***150.00

Principal Place of Business

Mailing Address

% FAULIN, MAURICIO P.
8295 NORTH WEST 56TH STREET
MIAMI FL 33166

% FAULIN, MAURICIO P.
8295 NORTH WEST 56TH STREET
MIAMI FL 33166-4028

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0461733

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~FAULIN, MAURICIO P.~~
~~7205 NW 12TH STREET~~
~~MIAMI FL 33126~~

Name **FAULIN, MAURICIO P.**
Street Address (P.O. Box Number is Not Acceptable)
8295 NW 56 STREET
City **MIAMI** FL **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 Mauricio P. Faulin
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/08/00
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 PD ☒ Delete
NAME FAULIN, MAURICIO P.
STREET ADDRESS 141 NE 3RD AVENUE #206A
CITY-ST-ZIP MIAMI FL 33132

TITLE ☒ Change ☐ Addition
NAME **PVSTD**
STREET ADDRESS **FAULIN, MAURICIO P.**
CITY-ST-ZIP **8295 NW 56 STREET**
MIAMI, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: Mauricio P. Faulin **MAURICIO FAULIN - PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/2000
Date

305 639-2544
Daytime Phone #

CR2E034 (9/99)