

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000020651

1. Entity Name

FLORIDA EXPORT SUPPLIERS CORP.

FILED

Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90026 038 ***150.00

Principal Place of Business

12349 S.W. 132 CT.
MIAMI FL 33186
US

Mailing Address

12349 S.W. 132 CT.
MIAMI FL 33186-3332
US

2. Principal Place of Business

10912 SW 135 PL.

Suite, Apt. #, etc.

3. Mailing Address

10912 SW 135 PL.

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Miami, FL.

4. FEI Number

65-0481889

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA

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

MUR, EDUARDO F
10912 SW 135 PL.
MIAMI FL 33186

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

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	P	<input type="checkbox"/> Delete
NAME	MUR, EDUARDO F	
STREET ADDRESS	12349 SW 132 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MUR, ANA M	
STREET ADDRESS	12349 SW 132 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE REQUIRED

Date

Daytime Phone #