

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040876

1. Entity Name

TOPAZ EXPORT AND IMPORT, CORP.

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90220 003 \*\*\*150.00

C0019598



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8500 SW 8 ST STE 240 MIAMI FL 33144 US	8500 SW 8 ST STE 240 MIAMI FL 33144 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0496275	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CHIKIK, JOSE C 8500 SW 8TH ST SUITE #240 MIAMI FL 33144

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	
TITLE	P
NAME	CHIZIK, JOSE CARLOS
STREET ADDRESS	16919 NORTH BAY ROAD #416
CITY-ST-ZIP	MIAMI FL 33160
TITLE	VP
NAME	LEVINSON, VIVIANA R
STREET ADDRESS	16919 NORT BAY ROAD #416
CITY-ST-ZIP	MIAMI FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P
NAME	Chizik, Jose Carlos
STREET ADDRESS	2645 N.E. 164th street
CITY-ST-ZIP	N. Miami Beach, FL 33160
TITLE	VP
NAME	Levinson, Vivian R.
STREET ADDRESS	2645 N.E. 164th street
CITY-ST-ZIP	N. Miami Beach, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 (10/00)