2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91798 036 ***150.00

DOCUMENT # P94000044903

Entity Name: THUNDER IMP & EXP INC

Principal Place of Business: 3900 N.W 79TH AV SUITE 211 MIAMI, FL, 33166

Mailing Address: 3900 N.W 79TH AV SUITE 211 MIAMI, FL, 33166

[redacted]

2. Principal Place of Business: 3900 N.W 79TH AV
Suite, Apt. #, etc.: 211
City & State: MIAMI, FL
Zip: 33166 Country:

3. Mailing Address: 3900 N.W 79TH AV
Suite, Apt. #, etc.: 211
City & State: MIAMI, FL
Zip: 33166 Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 650496865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLAUDIA CARDONA
3900 N.W. 79TH AVENUE
MIAMI, FL, 33166

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Claudia Cardona 04/30/03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME / STREET ADDRESS / CITY-ST-ZIP	
PD	NIETO ALBERTO J, 3900 N.W 79TH AV, MIAMI, FL, 33166	☐ Delete
VD	CARDONA, CLAUDIA, 3900 N.W 79TH AV, MIAMI, FL, 33166	☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Claudia Cardona CLAUDIA CARDONA 04/30/03 305-3800260