

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90047 005 ***150.00

DOCUMENT # P94000066029

1. Entity Name

VINCENT IMPORT AND EXPORT, INC.

Principal Place of Business

~~C/O VINI CORPORATE SERVICES, INC.~~
200 S BISCAYNE BLVD STE 4000
MIAMI FL 33131-1897

Mailing Address

~~C/O VINI CORPORATE SERVICES, INC.~~
200 S BISCAYNE BLVD STE 4000
MIAMI FL 33131-1897

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0521853

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

~~VALDES FAULI CORPORATE SERVICES INC~~

C/O STEEL HECTOR & DAVIS, LLP
200 SOUTH BISCAYNE BLVD. #4100
MIAMI FL 33131

Name

Corporate International Registered Agents, Inc.

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

same

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 registrant, 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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
QUIJADA, FRANCIA
200 S BISCAYNE BLVD - BISCAYNE TOWER #3400
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
Quijada, Francia
200 S. Biscayne Blvd., Ste. 4100
Miami, FL 33131

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change

☐ Addition

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:

Francia Quijada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)