## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000002545 Sep 05, 2000 8:00 am Secretary of State ANIJAR IMPORT & EXPORT, INC. 09-05-2000 90041 007 \*\*\*550.00 Principal Place of Business Mailing Address 780 NE 69TH ST 780 NE 69TH ST STE #306 STE #306 MIAMI FL 33138 MIAMI FL 33138 **CPICYUUA** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0547190 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANIJAR, JACOB B Street Address (P.O. Box Number is Not Acceptable) 780 NE 69TH ST STE #306-**MIAMI FL 33138** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Addition Delete TITLE TITLE ANIJAR, JACOB B NAME NAME 780 NE 69TH ST., SUITE 306 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33138 ☐ Addition Change Delete TITLE TITLE ANIJAR, ULLA M NAME NAME STREET ADDRESS 780 NE 69TH ST., SUITE 306 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33138** Delete ☐ Change ☐ Addition TITLE NAME ALFREDSSON-DALY, JEANINE M NAME STREET ADDRESS 780 NE 69TH ST., SUITE 306 STREET ADDRESS CiTY-ST-ZIP **MIAMI FL 33138** CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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: