

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055369

Entity Name

AMEXCO - AMERICAN EXPORT CO., INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90182 030 \*\*\*158.75

Principal Place of Business

Mailing Address

NW 93RD AVENUE  
 106  
 FL 33172

2441 NW 93RD AVENUE  
 SUITE 106  
 MIAMI FL 33152-7803  
 US

Principal Place of Business

7370 NW 36 STREET

3. Mailing Address

P.O. Box 527803

Suite, Apt. #, etc.

415-E

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

Zip

33152-7803

Country

4. FEI Number

65-0599917

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

DOS SANTOS, ERIVAN E  
 7601 EAST TREASURE DRIVE, #2421  
 NORTH BAY VILLAGE  
 MIAMI BEACH FL 33141

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ERIVAN E. DOS SANTOS

4/3/00

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

LE NAME STREET ADDRESS CITY-ST-ZIP	PD DOS SANTOS, ERIVAN R 7601 E TRESURE DR # 2421 NORTH BAY VILLAGE FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIVAN E. DOS SANTOS 4/3/00

Date

(305) 436-2216

Daytime Phone #

CR2E034 (9/99)