2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000056380** Apr 04, 2000 8:00 am Secretary of State AMIGOS EXPORT, INC. 04-04-2000 90100 018 ***150.00 Principal Place of Business Mailing Address 2381 S.W. 80TH COURT 2381 S.W. 80TH COURT **MIAMI FL 33155** MIAMI FL 33155-1261 2. Principal Place of Business 3. Mailing Address 8001 SW 24 Street 8001 SW 24 Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0594663 Miami Florida Not Applicable Miami Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33155 Dade DADE <u>33155</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENITEZ, JUAN M Street Address (P.O. Box Number is Not Acceptable) 2381 S.W. 80TH COURT **MIAMI FL 33155** 8001 SW 24 Street Miami 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE FREUNDT, ENRIQUE NAME NAME APARTADO POSTAL 63014 ZONA POSTAL 1067-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CARACAS, VENEZUELA M Change ☐ Addition TITLE ☐ Delete TITLE BENEITEZ, JUAN M NAME 8001 SW 24 St STREET ADDRESS 2381 S.W. 80TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 <u>Miami</u> Fl 33155 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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-expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: