

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State
 06-04-2001 90019 044 ***150.00

DOCUMENT # **D95000056381**

1. Entity Name

AMIGOS EXPORT, INC.

00057507

Principal Place of Business Mailing Address
407 LINCOLN ROAD
SUITE 9A
MIAMI BEACH, FL 33139

2. Principal Place of Business **407 LINCOLN ROAD**
 Suite, Apt. #, etc. **9A**
 City & State **MIAMI BEACH, FL**
 Zip **33139** Country **USA**

3. Mailing Address **407 LINCOLN ROAD**
 Suite, Apt. #, etc. **SUITE 9A**
 City & State **MIAMI BEACH, FL 33139**
 Zip **33139** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0594663**
 Applied For ☐ Not Applicable

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

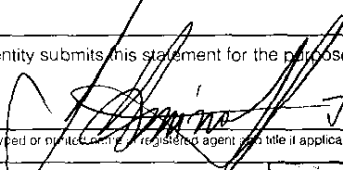
6. Name and Address of Current Registered Agent

JUAN M. BENITEZ
2381 S.W. 80 CT.
MIAMI, FL. 33155

7. Name and Address of New Registered Agent

Name **JOSEPH AMINOFF, ESQ.**
 Street Address (P.O. Box Number is Not Acceptable)
407 LINCOLN ROAD SUITE 9A
 City **MIAMI BEACH** FL Zip Code **33139**

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  **JOSEPH AMINOFF** **MAY 30 01**
Signature, typed or printed name of registered 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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JUAN M BENITEZ 2381 SW 80 CT. MIAMI, FL. 33155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JOSEPH AMINOFF, ESQ. 407 LINCOLN ROAD, SUITE 9A MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ENRIQUE FREUNDT C/O JOSEPH AMINOFF 407 LINCOLN RD # 9A, MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 the 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 another like empowerer

SIGNATURE:  **JOSEPH AMINOFF**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 30 - 01 **(305) 354-7500**
 Date Daytime Phone #

CR2E034 (11/00)