

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90057 028 ***150.00

DOCUMENT # P95000075282

1. Entity Name

Ancar Imports Corp.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 1375 N.W. 89th Ct. Suite 6 Miami, FL 33172 | 1375 N.W. 89th Ct. Suite 6 Miami, FL 33172 |

A0047773

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| 390 N.W. 86th Pl. | 390 N.W. 86th Pl. |

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Suite 3 | Suite 3 |

| | |
|--------------|--------------|
| City & State | City & State |
| Miami, FL | Miami, FL |

| | | | |
|------------|---------|------------|---------|
| Zip | Country | Zip | Country |
| 33126-6826 | U.S.A. | 33126-6826 | U.S.A. |

| | |
|---------------|----------------|
| 4. FEI Number | Applied For |
| 65-0610176 | Not Applicable |

| | |
|----------------------------------|--------------------------------|
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| Canizares, Diego G. 8201 N.W. 8th St., Apt. 409 Miami, FL 33126 | Name Street Address (P.O. Box Number is Not Acceptable) 390 N.W. 86th Pl., Apt. 3 City Miami FL Zip Code 33126-6826 |

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 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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---------------------------------------|---|--|
| TITLE | D/V/S <input type="checkbox"/> Delete | TITLE | D/P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Canizares, Diego G. | NAME | |
| STREET ADDRESS | 8201 N.W. 8th St., Apt. 409 | STREET ADDRESS | 390 N.W. 86th Pl., Apt. 3 |
| CITY - ST - ZIP | Miami, FL 33126 | CITY - ST - ZIP | |
| TITLE | D/T <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Diaz, Jorge F. | NAME | |
| STREET ADDRESS | Km. 5.5, Manta-Montecristy | STREET ADDRESS | |
| CITY - ST - ZIP | Manta, Ecuador | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | 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 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:

Diego G. Canzares

305-513-4899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #