2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
03-28-2001 90225 042 ***158.75

DOCUMENT # P95000080883

1. Entity Name
AMERVEN IMPORT & EXPORT, INC.

Principal Place of Business | Mailing Address

C0038658

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5100 BURCHETTE RD.	5100 BURCHETTE RD.
Suite, Apt. # etc. STE. 2104	Suite, Apt. # etc. STE. 2104
City & State TAMPA FLORIDA	City & State TAMPA FLORIDA
Zip 33647 Country HILLSBOROUGH	Zip 33647 Country HILLSBOROUGH

4. FEI Number: 59-3342905 ☐ 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
Name RICARDO ALVAREZ-SALGADO
Street Address (P.O. Box Number is Not Acceptable) 5100 BURCHETTE RD. STE. 2104
City TAMPA FL 33647

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 RICARDO A. ALVAREZ-SALGADO 3/16/01
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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES./DIR. NAME RICARDO A. ALVAREZ-SALGADO STREET ADDRESS 5100 BURCHETTE RD., STE 2104 CITY-ST-ZIP TAMPA, FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SEC./TREASURER NAME 5100 BURCHETTE RD. #2104 STREET ADDRESS TAMPA, FL 33647 CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: RICARDO A. ALVAREZ-SALGADO PRES. 3/16/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #