

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90127 024 ***158.75

A0062874

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000094517

1. Entity Name

R. And A. Import And Export Corporation

Principal Place of Business

1541 N.W. 51. AVE.
 LAUDERHILL, FL.
 33313

Mailing Address

1541 N.W. 51. AVE.
 LAUDERHILL, FL. 33313

2. Principal Place of Business

1541 N.W. 51. AVE.

3. Mailing Address

1541 N.W. 51. AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL.

City & State

LAUDERHILL, FL.

4. FEI Number

65-072-1966

Applied For

Not Applicable

Zip

33313

Country

Broward

Zip

33313

Country

Broward

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

ROBERT L LEWIS
 1541 N.W. 51. AVE.
 LAUDERHILL FL. 33313

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 P/V P/V ☐ Delete
 NAME ROBERT L LEWIS
 STREET ADDRESS 1541 N.W. 51. AVE.
 CITY-ST-ZIP LAUDERHILL FL. 33313

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T/S T/S ☐ Delete
 NAME ANNA M LEWIS
 STREET ADDRESS 1541 N.W. 51. AVE
 CITY-ST-ZIP LAUDERHILL FL. 33313

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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 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: Robert L Lewis ROBERT L LEWIS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01
 Date

954-733-8534
 Daytime Phone #

CR2E034 (11/00)