

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097201

1. Entity Name

M.G.A. IMPORT & EXPORT, INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90058 011 ***150.00

Principal Place of Business

941 N.E. 170 STREET

#202

NORTH MIAMI BEACH, FL 33162

Mailing Address

941 N.E. 170 STREET

#202

NORTH MIAMI BEACH, FL 33015-5814

2. Principal Place of Business

7440 Miami Lakes Dr

Suite, Apt. #, etc.

F109

City & State

Miami Lakes

Zip

33014

Country

USA

3. Mailing Address

7440 Miami Lakes Dr

Suite, Apt. #, etc.

F109

City & State

Miami Lakes

Zip

33014

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0732060

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVIO DE ASSIS, FRANCIS W

941 N.E. 170 STREET

#202

NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

URIEL MOREIRA

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

7440 Miami Lakes Dr # F109

City

Miami Lakes

FL

Zip Code

33014

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

URIEL MOREIRA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

05/16/00

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.

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\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME MOREIRA, URIEL
STREET ADDRESS SAO PAULO BRAZIL
CITY-ST-ZIP SAO PAULO, BRAZIL

☐ Delete

TITLE ST
NAME WAGER, FRANCIS
STREET ADDRESS 941 N.E. 170 STREET, #202
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)