

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003148

1. Entity Name

INTERNATIONAL AUTO EXPORTS, INC.

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90464 046 \*\*\*150.00

Principal Place of Business

239 FALLEN PALM DRIVE  
CASSELBERRY FL 32707-5151

Mailing Address

239 FALLEN PALM DRIVE  
CASSELBERRY FL 32707-5151

2. Principal Place of Business

611 EAST STATE ROAD 434

3. Mailing Address

P.O. BOX 181275

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD, FLORIDA

City & State

CASSELBERRY, FL

Zip

32750

Country

Zip

32718-1275

Country

4. FEI Number

59-3357238

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

MUNOZ, FRANKIE

239 FALLEN PALM DRIVE

CASSELBERRY FL 32707-5151

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  
NAME MUNOZ, FRANKIE  
STREET ADDRESS 239 FALLEN PALM DR  
CITY-ST-ZIP CASSELBERRY FL ☐ Delete

TITLE PT  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☒ Addition

TITLE VP  
NAME MUNOZ, OLGA L.  
STREET ADDRESS 239 FALLEN PALM DR  
CITY-ST-ZIP CASSELBERRY FL ☐ Delete

TITLE VPS  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☒ Addition

TITLE T  
NAME MUNOZ, FRANKIE  
STREET ADDRESS 239 FALLEN PALM DR  
CITY-ST-ZIP CASSELBERRY FL ☒ Delete

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

TITLE S  
NAME MUNOZ, OLGA L.  
STREET ADDRESS 239 FALLEN PALM DR  
CITY-ST-ZIP CASSELBERRY FL ☒ 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

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

3-9-01 (407) 339-5552

Date Daytime Phone #

CR2E034 (10/00)