## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P96000003148



## FILED Mar 17, 2003 8:00 am Secretary of State

TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	1. Entity Name INTERNATIONAL AUTO EXPORTS, INC.							03-17-2003 91054 018 ***150.00				
Suite, Apt. #, etc.  City & State  City & St	611E SR #434 P O BOX 181275							# 1 <b>86</b> )1880 (18 18)18 (1911 (1811)	. <b></b>	<b>1.11</b> (1.18) (1.10)	<b>8141</b> (1214 ) <b>133</b> 4	
City & State  City & FL Zip Code  City FL City City City City City City City City	Principal Place of Business     3. Mailing Address						!					
Zip Country Zip Country Zip Country S. Certification of Status Desired   Se.75 Additional   Fee Proquised   Se.75 Additio	Suite, Apt. #, etc. Suite, Apt. #, etc.					···	☐ CHECK HERE IF MAKING CHANGES					
E. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  MUNOZ, FRANKIE  239 FALLEN PAILM PAILM DRIVE  CASSELBERRY FL 32707-5151  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  The above noned only submits this statement for the purpose of changing is registered agent or both, in the State of Florida. I am familiar with, and accept the drightness prices and a supplied by part of use a spoke in the drightness prices and a supplied by part of use a spoke in the drightness prices and a supplied by part of use a spoke in the drightness prices and a supplied by part of use a spoke in the drightness prices and a supplied by part of use a spoke in the drightness prices and a supplied by part of use a spoke in the drightness prices and a supplied by part of use a spoke in the drightness prices and a supplied by part of use a spoke in the drightness prices and a supplied by part of use a spoke in the drightness prices and a supplied by part of use a spoke in the drightness prices and a supplied by part of use a spoke in the drightness prices and a supplied by part of use a spoke in the drightness prices and a supplied by part of use a spoke in the drightness prices and a supplied by part of use a spoke in the drightness prices and a supplied by part of use a spoke in the drightness prices and a supplied by part of use a spoke in the drightness prices and a supplied by part of use a spoke in the drightness prices and a supplied by part of use a spoke in the drightness prices and a supplied by part of use and a spoke in the drightness prices and a spoke in the	City & Sta	ate	City	City & State			1 395333/238 1					
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Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code					1	Vame				<u> </u>		
CASSELBERRY FL 32707-5151  City FL Zip Code  Chy State of Florida. I am familiar with, and accept medical control objects of control of control objects of control ob	·					Street Address (P.O. Roy Number is Not Accordable)						
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the purpose agent.    City   FL   Zip Code	209 FALLEN FALM DRIVE						.0, 00x 1				<u>-</u>	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of state agent.  SIGNATURE  TILE NOW!!\TSE_IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TILE  MUNOZ, FRANKIE  39 FALLEN PALM DR  STREET ADDRESS  CITY-S1-ZP  TILE  VPS  MUNOZ, GLGA L.  SIREET ADDRESS  CITY-S1-ZP  TILE  VPS  MUNOZ, OLGA L.  SIREET ADDRESS  CITY-S1-ZP  TILE  CASSELBERRY FL  CITY-S1-ZP  TILE  MAKE  SIREET ADDRESS  CITY-S1-ZP  TILE  CASSELBERRY FL  CITY-S1-ZP  TILE  MAKE  SIREET ADDRESS  CITY-S1-ZP  TILE  MA						Dity		<del> </del>		Zip Coc	le	
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**