2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P96000006279** Apr 22, 2000 8:00 am Secretary of State INTERNATIONAL SPECIALTY IMPORTS, INC. 04-22-2000 90021 020 ***150.00 Mailing Address Principal Place of Business 1200 CLINT MOORE RD #1 1200 CLINT MOORE RD #1 BOCA RATON FL 33487-2731 **BOCA RATON FL 33487** 3. Mailing Address 2. Principal Place of Business 762 S. MILITARY 762 S. MILITARY TRAIL TRAIL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0636323 DEERFIELD BEACH DEERFIELD BEACH Not Applicable Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BATISTA, WERNER Street Address (P.O. Box Number is Not Acceptable) 1200 CLINT MOORE RD #1 **BOCA RATON FL 33487** BEACH DEERFIELD 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition **DPST** ☐ Delete TITLE TITLE BATISTA, WERNER NAME NAME 762 S. MILITARY TRAIL STREET ADDRESS 1200 CLINT MOORE RD #1 STREET ADDRESS DEFRAGELD BENEH, FL CITY-ST-7(P CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR