

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P960000021823

1. Entity Name *Exotic Exports, Inc.*

APPROVED  
AND  
FILED

00 MAY -2 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
*8261 NW 5th Terr #330 Miami, FL 33126*

2. Principal Place of Business 3. Mailing Address  
*8261 NW 5th Terr Suite, Apt. #, etc. 330 Miami, FL 33126*

DO NOT WRITE IN THIS SPACE

4. FEI Number *65-0652329* Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
*Lu2 Angela Grimaldos 8261 NW 5th #330 Miami, FL 33126*

7. Name and Address of New Registered Agent  
Name *Lu2 Angela Grimaldos*  
Street Address (P.O. Box Number is Not Acceptable)  
City *Miami, FL* Zip Code *33126*

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 \_\_\_\_\_ (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, 2000 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

TITLE	<i>PTD</i>	<input type="checkbox"/> Delete
NAME	<i>Grimaldos, Lu2A.</i>	
STREET ADDRESS	<i>8261 NW 5th Terr #330</i>	
CITY-ST-ZIP	<i>Miami, FL 33126</i>	
TITLE	<i>D</i>	<input type="checkbox"/> Delete
NAME	<i>Grimaldos, Carlos</i>	
STREET ADDRESS	<i>8261 NW 5th Terr #330</i>	
CITY-ST-ZIP	<i>Miami, FL 33126</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>800003260368--2</i>	
CITY-ST-ZIP	<i>-05/19/00-01121-016</i>	
	<i>****150.00 ****150.00</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* 05/01/2000 (305) 264-4558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #