

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022598

1. Entity Name

C.M.I. IMPORT & EXPORT, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90795 022 ***150.00

Principal Place of Business

Mailing Address

2685 W. 76TH ST.
HIALEAH GARDENS FL 33016
US

18520 N.W. 67TH AVE.
SUITE 195
MIAMI LAKES FL 33015-3302
US

2. Principal Place of Business

3. Mailing Address

9469 W. ATLANTIC BLVD.
Suite, Apt. #, etc.

10211 PINES BLVD.
Suite, Apt. #, etc.

117



DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS, FL

City & State
PEMBROKE PINES, FL

4. FEI Number: 65-0648734

Applied For
Not Applicable

Zip
33071

Country

Zip
33026

Country
BROWARD

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

RIOS, LEOPOLDO J
1800 W. 49TH ST.
SUITE 215
HIALEAH FL 33012

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVTs
CARRILLO, RAMON
17840 N.W. 67TH AVE. #E
MIAMI LAKES FL 33015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVTs
RAMON CARRILLO
10231 SW 18th ST
MIAMI, FL 33025 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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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)(l), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)