## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 18, 2001 8:00 am Secretary of State DOCUMENT # P96000047475 05-18-2001 91221 024 \*\*\*550.00 FIRST AMERICAN IMPORT & EXPORT CORPORATION Principal Place of Business Mailing Address 328 GEORGETOWN DRIVE 328 GEORGETOWN DRIVE ひひょずゃり CASSELBERRY FL 32707 CASSELBERRY FL 32707 Mailing Address 2. Principal Place of Business 1.0 BOX 7989 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3439906 70 Deleay beach Not Applicable Country \$8.75-Additional 5. Certificate of Status Desired ralm Beach Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATERRA, GUY S Street Address (P.O. Box Number is Not Acceptable) 328 GEORGETOWN DRIVE CASSELBERRY FL 32707 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00----Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Channe ☐ Addition TITLE TITLE ☐ Delete PATERRA, GUY S NAME NAME STREET ADDRESS 328 GEORGETOWN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Addition ☐ Change ☐ Delete TITLE TITLE PATERRA, LOREINNE C NAME NAME 328 GEORGETOWN DRIVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP-CASSELBERRY FL 32707 Change 1 Addition М ☐ Delete TITLE TITLE LAU Jase NAME LAU. JOSE NAME GEORGETOWN Drive STREET ADDRESS AV LAS LOMAS QTA-MARLENE 418B ALTO PRADO STREET ADDRESS *32707* Cassolberry CITY-ST-ZIP CITY-ST-ZIP CARACAS, VENEZULA 1080 Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME 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-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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

with all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address

SIGNATURE:

FILED

407 331 4555