

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90030 016 ***150.00

0069988 AT

DOCUMENT # P96000047475
1. Entity Name
FIRST AMERICAN IMPORT & EXPORT CORPORATION

Principal Place of Business
328 GEORGETOWN DRIVE
CASSELBERRY FL 32707

Mailing Address
PO BOX 7989
DELRAY BEACH FL 33482



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
900 S.W 15th Ave
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 7989
 Suite, Apt. #, etc.

City & State
Delray Beach, FL
Zip
33444
Country
USA

City & State
Delray Beach, FL
Zip
33482
Country
USA

4. FEI Number
59-3439906

Applied For
☐ Not Applicable

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

PATERRA, GUY S
328 GEORGETOWN DRIVE
CASSELBERRY FL 32707

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 P NAME PATERRA, GUY S STREET ADDRESS 328 GEORGETOWN DRIVE CITY-ST-ZIP CASSELBERRY FL 32707	<input type="checkbox"/> Delete	TITLE P NAME Paterra, Guy S. STREET ADDRESS 900 S.W. 15th Ave CITY-ST-ZIP Delray Beach, FL 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME PATERRA, LOREINNE C STREET ADDRESS 328 GEORGETOWN DRIVE CITY-ST-ZIP CASSELBERRY FL 32707	<input type="checkbox"/> Delete	TITLE T NAME Paterra, Loreinne C. STREET ADDRESS 900 S.W. 15th Ave CITY-ST-ZIP Delray Beach, FL 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE M NAME LAU, JOSE STREET ADDRESS 328 GEORGETOWN DR. CITY-ST-ZIP CASSELBERRY FL 32707	<input type="checkbox"/> Delete	TITLE M NAME LAU, Jose STREET ADDRESS 900 S.W. 15th Ave CITY-ST-ZIP Delray Beach, FL 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

i-18 02 **407-331-4133**
Date Daytime Phone #

CR2E034 (9/01)