## 3384 41/

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000094870

1. Entity Name

CAPAZ EXPORT AND IMPORT, INC.



## FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90035 006 \*\*\*150.00

					GO WE THE						
Principal Place of Business 1025 NW 128 PL			Mailing Address 1025 NW 128 PL. MIAMI FL 33182				######################################	H 8844 8844 <b>88</b> 48			
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 65-0709191 Applied For Not Applicable				
Country			Zip Counti			5. Certificate of Status Desired					
6. Name and Address of Current Registers				•		7. Name a	nd Address of Ne	w Registered A	gent		
					Name	·					
MENES, NURELLA 1025 NW 128 PL			Street Add			s (P.O. Box Number is Not Acceptable)					
33182	•										
_					City			FL	Zip Cod	е	
		it for the purpose o	of changing its	s registere	ed office or registe	ered agent, or b	both, in the State of	f Florida. I am f	amiliar with,	and accept	
Signature, typed or p	rinted name of registered a	gent and title if applicable	. (NOT	E: Registered	d Agent signature require	d when reinstating)		DATE			
r May 1, 2003	Fee will be \$550.		· upti-		-				\$5.0 Added	<b>0</b> May Be I to Fees	
	ND DIRECTORS	URECTORS 11			ADDITION	IS/CHANGES TO C	DEFICERS AND	DIRECTORS	S IN 11		
np			□ Dalata	_		7,00111011	10,01% 41020 10 0	3111021107412		Addition	
MENES, NUI 1025 NW 12	8 PL		LT Delete	NAME Stree	ET ADDRESS				Onlings	Addition	
			□ Delete	TITLE NAME STREE	ET ADDRESS				☐ Change	☐ Addition	
			□ Delete	TITLE NAME STREE	ET ADDRESS				☐ Change	Addition	
٠.		:	Delete	NAME STREE	T ADDRESS				Change	☐ Addition	
			Delete	STREE	T ADDRESS	ATT 1.42		70,	☐ Change	Addition	
				STREE CITY-1	T ADDRESS ST-ZIP				☐ Change	Addition	
	#, etc.  e  6. Name ar  NURELLA 128 PL 33182  named entity st ions of registere  Signature, typed or p ILE NOW!!! r May 1, 2003 r Payable to Fi  DP MENES, NUI 1025 NW 12 MIAMI FL 33	Place of Business #, etc.  #, etc.  Country  6. Name and Address of Curre  NURELLA 128 PL 33182  Inamed entity submits this statemer ions of registered agent.  Signature, typed or printed name of registered ag  ILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.4  C Payable to Florida Departmen  OFFICERS AI  DP  MENES, NURELLA 1025 NW 128 PL MIAMI FL 33182	PL. 1025 NW MIAMI FL  Place of Business 3. Malling A #, etc. Suite, Ap  Country Zip  6. Name and Address of Current Registered Ag  NURELLA 128 PL. 33182  Inamed entity submits this statement for the purpose of ions of registered agent.  Signature, typed or printed name of registered agent and title it applicable  ILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00  c Payable to Florida Department of State  OFFICERS AND DIRECTORS  DP  MENES, NURELLA 1025 NW 128 PL MIAMI FL 33182	PL. 1025 NW 128 PL. MIAMI FL 33182  Place of Business	Place of Business   3. Mailing Address   #, etc.   Suite, Apt. #, etc.	PL   1025 NW 128 PL   MIAMI FL 33182	PL   1025 MM 128 PL   MIAMI FL 33182	PL	PL   1025 NN 128 PL     Rec of Business   3. Mailing Address   3. Mailing Address   4. FEI Number   65-0709 191     Published   Country   Zip   Country   5. Certificate of Status Desired   7. Name and Address of New Registered Agent   7. Name and Add	P.   102 MV 128 P.     MAM FL 33182	

12. 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 acciveror trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a particle empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January-07-2003 305-225-3660

Daytime Phone #

CH2E034 (10/02)