

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90033 044 \*\*\*150.00

DOCUMENT # P97000008781

1. Entity Name

PESCE EXPORT & IMPORT CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8900 NW 12 St., Ste 11

Suite, Apt. #, etc.

3. Mailing Address

8900 NW 12 St., Ste 11

Suite, Apt. #, etc.

City & State

Miami, Florida 33172

Zip

Country

City & State

Miami, Florida 33172

Zip

Country

4. FEI Number

65-0722783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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425307

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Pesce, Nestor

Street Address (P.O. Box Number is Not Acceptable)

8900 NW 12 St., Ste 11

City

Miami

FL

Zip Code  
33172

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

02/26/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 PD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Pesce, Nestor  
8900 NW 12 St., Ste 11  
Miami, Florida 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/2002 (305) 984-4438

Date

Daytime Phone #

CR2E034B (12/01)