

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90058 006 ***158.75

DOCUMENT # P97000013607

1. Entity Name
IMPORTGROUP, CORP.

Principal Place of Business 777 NW 72 AVENUE 2M2 MIAMI FL 33126 US	Mailing Address 777 NW 72 AVENUE 2M2 MIAMI FL 33126-3018 US
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2. Principal Place of Business 777 NW 72 AVE Suite, Apt. #, etc. 2 PLAZA ONE	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State MIAMI, FL.	City & State	4. FEI Number 65-0729914	Applied For <input type="checkbox"/> Not Applicable
Zip 33126	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PERALTA, JAVIER 777 NW 72 AVENUE SUITE 2M2 MIAMI FL 33126	7. Name and Address of New Registered Agent Name: PERALTA, JAVIER Street Address (P.O. Box Number is Not Acceptable) 777 NW 72 AVE 2 PLAZA ONE City: MIAMI FL Zip Code: 33126
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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: JAVIER PERALTA DATE: 04-20-00

Signature, typed or printed name of registered agent and title (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, 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	DP PERALTA, JAVIER 777 NW 72 AVENUE, 2M8 MIAMI FL 33126 <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	DS PERALTA, JUAN C 777 NW 72 AVENUE, 2M8 MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 duly empowered.

SIGNATURE: JAVIER PERALTA DATE: 04-20-00 (305) 261-7374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)