

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013607

1. Entity Name

IMPORTGROUP, CORP.

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

05-03-2000 90058 006 \*\*\*158.75

Principal Place of Business

Mailing Address

777 NW 72 AVENUE  
2M2  
MIAMI FL 33126  
US

777 NW 72 AVENUE  
2M2  
MIAMI FL 33126-3018  
US

2. Principal Place of Business

777 NW 72 AVE  
Suite, Apt. #, etc.  
2 PLAZA ONE  
City & State  
MIAMI, FL.

3. Mailing Address

SAME,  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0729914

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PERALTA, JAVIER  
777 NW 72 AVENUE  
SUITE 2M2  
MIAMI FL 33126

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

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

JAVIER PERALTA 04-20-00

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	DP	<input type="checkbox"/> Delete
NAME	PERALTA, JAVIER	
STREET ADDRESS	777 NW 72 AVENUE, 2M8	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PERALTA, JUAN C	
STREET ADDRESS	777 NW 72 AVENUE, 2M8	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	T	<input type="checkbox"/> Delete
NAME	PERALTA, LUCY	
STREET ADDRESS	777 NW 72 AVENUE, 2M8	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-00(305)2617374

Date

Daytime Phone #

CR2E034 (9/99)