## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 24, 2002 8:00 am § Secretary of State **FILED** P97000062206 DOCUMENT # 1. Entity Name IMPORTADORA COSTARRICENSE, INC. 05-24-2002 91312 039 \*\*\*150 00 Principal Place of Business Mailing Address 7751 SW 26 STREET 10125 NW 9TH ST CIR **MIAMI FL 33155** 204 MIAMI FL 33172 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0768512 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORTIZ, NANCY Street Address (P.O. Box Number is Not Acceptable) 10125 NW 9TH ST-CIR ==== #204 MIAMI FL 33155 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **BUSTOS, ROCIO** NAME STREET ADDRESS 1275 SW 13 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33145 CITY-ST-ZIP TITLE **VS** ☐ Delete TITLE Change ☐ Addition NAME ORTIZ, NANCY NAME STREET ADDRESS 10125 NW 9TH CIRCLE 204 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33172** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET-ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIŤLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tiple 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 at the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: