

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074534

1. Entity Name

POPETE S IMPORT & EXPORT, INC.

Principal Place of Business

Mailing Address

1921 N.E. 147th Terr
North Miami, Fl. 33181

2. Principal Place of Business

3. Mailing Address

13333 S.W. 64th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, Fl.

Zip

Country

Zip

33183

Country

4. FEI Number

65-0791927

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

A00779707

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIA C RODRIGUEZ
3880 N.E. 6th Ave. Apt. 212
Miami, Fl. 33132

Name

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

City

FL

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)

DATE

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 **D**
NAME
STREET ADDRESS
CITY-ST-ZIP
MARIA C RODRIGUEZ
3880 N.E. 6th Ave. Apt. 212
Miami, Fl. 33132

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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13. I hereby certify that the information submitted 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria C Rodriguez

Date

Daytime Phone #

09-11-00 (305)945-7646

CR2E034 (9/99)

A0677977



Professional Services Inc.
13333 SW 64th Lane
Miami, FL 33183

September 11, 2000

DEPARTMENT OF STATE
TALLAHASSEE, FL.

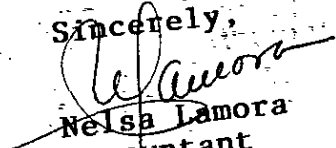
Re: POPETE'S IMPORT AND
EXPORT, INC.
ID 65-0791927

Please, accept our 2000 Uniform Business Report
for the year 2000 with our check in the amount
of \$ 158.75 covering the Annual Fee and the
Certificate of Status.

Hereby we are requesting from you not to charge
any penalty due to the fact we never received
the corresponding form to file.

If any question, please feel free to contact
us at: (305) 752-5022

Sincerely,


Nelsa Lamora
Accountant