

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087963

1. Entity Name

ANYTHING EXPORT EXPRESS INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90025 007 ***150.00

Principal Place of Business

Mailing Address

400 S. MELROSE DRIVE
MIAMI SPRINGS FL 33166

400 S. MELROSE DRIVE
MIAMI SPRINGS FL 33166-5034

2. Principal Place of Business

3. Mailing Address

400-S-Melrose Dr
Suite, Apt. #, etc.

400-S-Melrose Dr
Miami Springs-FL 33166
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Miami Springs FL
Zip 33166 Country Dade

Miami Springs FL
Zip 33166 Country Dade

4. FEI Number

65-0787125

Applied For

Not Applicable

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

ARTAVIA, ADA
400 S. MELROSE DR.
MIAMI SPRINGS FL 33166

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 Alberto Alfaro
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04-25-00

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 P ☐ Delete
NAME VARGAS, ADA
STREET ADDRESS 400 S. MELROSE DRIVE
CITY-ST-ZIP MIAMI SPRINGS FL 33166

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

TITLE T ☐ Delete
NAME ALKARO, ALBERTO
STREET ADDRESS 400 S. MELROSE DRIVE
CITY-ST-ZIP MIAMI SPRINGS FL 33166

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: Alberto Alfaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-25-00

305-871-0390

CR2E034 (9/99)