

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91176 026 ***150.00

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DOCUMENT # P97000090176

1. Entity Name
BUSINESS & IMPORT, INC.



Principal Place of Business
**1149 S.W. 27TH AVENUE
STE. 305
MIAMI FL 33135**

Mailing Address
**1149 S.W. 27TH AVENUE
STE. 305
MIAMI FL 33135**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0823051**

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

**DEL VALLE, FRANCISCO L
1149 SW 27 AVE., SUITE 305
MIAMI FL 33135**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SALAS, JOSE**
STREET ADDRESS **1149 SW 27 AVE., SUITE 305**
CITY-ST-ZIP **MIAMI FL 33135**

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

TITLE **STD** ☐ Delete
NAME **BARANAO MARQUEZ, MARIA ANGELICA**
STREET ADDRESS **1149 SW 27 AVE., SUITE 305**
CITY-ST-ZIP **MIAMI FL 33135**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied in this report is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation or sole proprietor or partner in the partnership, and that the information is not false or misleading, and that I am not aware of any change, or on an attachment with any changes, which may be made to the information supplied in this report, or that the information is not in compliance with the provisions of Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any changes, which may be made to the information supplied in this report, or that the information is not in compliance with the provisions of Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed.

SIGNATURE: *Jose Salas*
SIGNATURE AND TYPED NAME OF OFFICER OR DIRECTOR

Date **305-541-3388**

CR2E034 (10/02)