

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90024 015 ***150.00

DOCUMENT # P97000091580

1. Entity Name

NEW LIFE IMPORT & EXPORT, CORP.

Principal Place of Business

**7347 N.W. 36TH AVENUE
 MIAMI FL 33147
 US**

Mailing Address

**2742 BISCAYNE BLVD.
 MIAMI FL 33137**

2. Principal Place of Business

5663 NW 36 AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

Country

33142

USA

Zip

Country

4. FEI Number

65-0796244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DAGOSTIM, LEILA L
 9413 BOCA COVE CIRCLE #1105
 BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name

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

8225 THAMES BLVD #B

City

BOCA RATON

FL

Zip Code

33433

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, 2001 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

TITLE **PVST** ☐ Delete
 NAME **DAGOSTIM, LEILA L**
 STREET ADDRESS **9413 BOCA COVE CIRCLE #1105**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition
 NAME **LEILA L. DAGOSTIM**
 STREET ADDRESS **8225 THAMES BLVD #B**
 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **V.PRES.** ☐ Change ☒ Addition
 NAME **ANTONIO GLOSTAK**
 STREET ADDRESS **14965 SW 75TH**
 CITY-ST-ZIP **MIAMI FL 33193**

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

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

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TITLE ☐ Change ☐ Addition
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 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:

LEILA DAGOSTIM

04-16-01

305 6337474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)