2000 UNIFORM BUSINESS REPORT (UBR)

07-31-2001 09:04 022 ***550.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P97000103957

1. Entity Name
INTERBUY EXPORT, INC.

Principal Place of Business	Mailing Address
8016 NW 66TH STREET MIAMI FL 33166	8016 NW 66TH STREET MIAMI FL 33166-2350

REINSTATEMENT 00-01

2. Principal Place of Business	3. Mailing Address
9367 FONTAINBLEAU BLVD	9367 FONTAINBLEAU BLVD
Suite, Apt. #, etc.: # 209	Suite, Apt. #, etc.: # 209
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33172 Country: US	Zip: 33172 Country: US

4. FEI Number 65-0810991 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name: SAMUEL CARLOS OLIVEIRA Street Address (P.O. Box Number is Not Acceptable): 9367 FONTAINEBLEAU BLVD # 209 City: MIAMI FL Zip Code: 33172

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 _____ DATE 9/10/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVEIRA, SAMUEL C 8016 NW 66TH STREET MIAMI FL 33166	☐ Delete	D OLIVEIRA, SAMUEL C. 9367 FOUNTAINBLEAU BLVD, # 209 MIAMI, FL 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	300004610633--9 -09/25/01--01082--001 ****350.00 ****350.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #