

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91191 023 \*\*\*150.00

DOCUMENT # P97000103957

1. Entity Name

INTERBUY EXPORT, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9367 Fountainbleau Blvd

3. Mailing Address

9367 Fountainbleau Blvd.

Suite, Apt. #, etc.

#209

Suite, Apt. #, etc.

#209

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0810991

Applied For

Not Applicable

Zip

33172

Country

U.S.

Zip

33172

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Samuel C. Oliveira

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

9367 Fountainbleau Blvd.

#209

City  
Miami

FL

Zip Code  
33172

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	DPST SAMUEL C. OLIVEIRA 9367 FOUNTAINBLEAU BLVD., #209 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel C. Oliveira

Date

4/29/2002

Daytime Phone #

305 207 8862

CR2E034B (12/01)