

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004340

1. Entity Name

PRINXIS IMPORT/EXPORT, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90060 047 \*\*\*150.00

Principal Place of Business

21300 SAN SIMEON AVE  
 #K-5  
 NORTH MIAMI BEACH FL 33179

Mailing Address

16570 NE 26TH AVE  
 #5-D  
 N MIAMI BEACH FL 33160

2. Principal Place of Business

21300 San Simeon Ave

3. Mailing Address

21300 San Simeon Ave

Suite, Apt. #, etc.

#K-5

Suite, Apt. #, etc.

#K-5

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip

Country

33179

Zip

Country

33179



DO NOT WRITE IN THIS SPACE

4. FEI Number

60-3547040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ARAGUNDI, RAFAEL  
 16570 NE 26TH AVE  
 #5-D  
 N MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

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

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, 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

TITLE PD  
 NAME ENDERICA, LUIS  
 STREET ADDRESS 16570 NE 26TH AVE, #5-D  
 CITY-ST-ZIP N MIAMI BEACH FL 33160 ☐ Delete

TITLE VD  
 NAME PARDO, JORGE  
 STREET ADDRESS 16570 NE 26TH AVE, #5-D  
 CITY-ST-ZIP N MIAMI BEACH FL 33160 ☒ Delete

TITLE SD  
 NAME ALVARADO, JUAN CARLOS  
 STREET ADDRESS 16570 NE 26TH AVE, #5-D  
 CITY-ST-ZIP N MIAMI BEACH FL 33160 ☒ Delete

TITLE ~~TD~~  
 NAME ALVARADO, SANDRA  
 STREET ADDRESS 16570 NE 26TH AVE, #5-D  
 CITY-ST-ZIP N MIAMI BEACH FL 33160 ☐ Delete

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

VD  
 NAME ENDERICA ALBERTO  
 STREET ADDRESS 4804 NW 75 AVE  
 CITY-ST-ZIP MIAMI FL 33166 ☐ Change ☐ Addition

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/25/00

CR2E034 (9/99)