

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012935

1. Entity Name

F.A. IMPORTS, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90473 029 \*\*\*150.00

Principal Place of Business

Mailing Address

58 EAST 5 ST  
HIALEAH FL 330101

PO BOX 310142  
MIAMI FL 33231-0142

2. Principal Place of Business

16705 N.E. 19 AVE

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH FL

City & State

MIAMI FL

Zip

33162

Country

FL

Zip

Country

4. FEI Number

65-0812207

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

CASTILLO B., ALVARO  
1390 BRICKELL AVENUE SUITE 200  
MIAMI FL 33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
	P	VISSER, FELIPE	1643 BRICKELL AV 1106 MIAMI FL 33129	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	S	VISSER, FELIPE	1643 BRICKELL AV 1106 MIAMI FL 33129	<input type="checkbox"/> Delete		S	IRENE VISSER 16705 N. MIAMI BEACH NORTH MIAMI FL 33162		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	V	PILAR, CANO	1643 BRICKELL AVE MIAMI FL 33129	<input checked="" type="checkbox"/> Delete		T	MANUEL VARGAS 16705 N.E. 19 AVE NORTH MIAMI FL 33162		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3-1-00

Date

(305) 354 8440

Daytime Phone #