

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90016 012 ***150.00

00083970

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000027701
1. Entity Name
 EBK Import & Export, Inc.
Principal Place of Business
 1629 NW 82 Avenue
 MIAMI FL 33126
Mailing Address
 1629 NW 82 Ave.
 MIAMI FL 33126

2. Principal Place of Business
 1629 NW 82 AVE
 Suite, Apt. #, etc.
3. Mailing Address
 SAME
 Suite, Apt. #, etc.
City & State
 MIAMI FL
City & State
 MIAMI FL
Zip
 33126
Country
 USA
Zip
 MIAMI FL 33126
Country
 USA

4. FEI Number
 05-0822407
Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 HIMS, BALBINO
 10385 NW 43 TERR
 MIAMI FL 33178

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 HIMS, BALBINO STREET ADDRESS 10385 NW 43 TERR CITY-ST-ZIP MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE SD EDISSA M. CHAN STREET ADDRESS 10385 NW 43 TERR CITY-ST-ZIP MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE TD YAU DE CHAN, CHUN CHOI STREET ADDRESS 10385 NW 43 TERR CITY-ST-ZIP MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Edessa M. Chan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000 **3054712580**
 Date Daytime Phone #

CR2E034 (9/99)