## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 13, 2000 8:00 am Secretary of State DOCUMENT # **P98000039514** A-N-C IMPORT EXPORT INC. 03-13-2000 90060 006 \*\*\*150.00 Mailing Address Principal Place of Business 7441 NORTH MIAMI AVE 7441 NORTH MIAMI AVE MIAMI FL 33150 MIAMI FL 33150 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0869055 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDRE, CARL Street Address (P.O. Box Number is Not Acceptable) 330 N.E. 121 TERR. **MIAM! FL 33161** 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE NAME ANDRE, DENISE NAME STREET ADDRESS **330 NE 121ST TERR** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33161 ☐ Addition Change ☐ Delete TITLE NAME NAME ANDRE, CARL STREET ADDRESS STREET ADDRESS 330 NE 121ST TERR CITY-ST-7IP CITY-ST-ZIP MIAMI.FL 33161\_\_-Change □ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: ≤

NAME OF SIGNING OFFICER OR DIRECTOR

13. I hereby certify that the information supplied with this filling 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. 2-29-00