

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052882

1. Entity Name

FLORIDA ELECTRONICS IMPORT & EXPORT CORP.

Principal Place of Business

11642 S.W. 100 AVE.
MIAMI FL 33176

Mailing Address

P.O. BOX 560633
MIAMI FL 33256

2. Principal Place of Business

10201 S.W. 128 St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL

City & State

Zip
33176

Country
Miami-Dade

Zip

Country

4. FEI Number

65-0619478

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, LUIS
10201 SW 128 STREET
MIAMI FL 33176

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	PTD MARTINEZ, LUIS A 10201 SW 128 STREET MIAMI FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XIX XIEVEXXO148EXX X028XSMK128 STREETXX XMANIXX33176XX	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XIX XIEVEXXO148EXX X028XSMK128 STREETXX XMANIXX33176XX	<input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:

Luis A. Martinez PTD

04-01-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

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2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Tel Number

65-0619478

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

(DO NOT Register Agent signature required when changing agent)

Date

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.

(Check criteria on back)

**FILE NOW!!! FEE IS \$180.00
After MAY 1, 2000 Fee will be \$350.00
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

NAME	PTD	DELETE	NAME	DELETE	DELETE	Change	Addition
STREET ADDRESS	MARTINEZ, LUIS A 10201 SW 128 STREET MIAMI FL 33176	DELETE	STREET ADDRESS	DELETE	DELETE	Change	Addition
CITY-ST-ZIP	VD	DELETE	CITY-ST-ZIP	DELETE	DELETE	Change	Addition
NAME	NIEVES, LOURDES 10201 SW 128 STREET MIAMI FL 33176	DELETE	NAME	DELETE	DELETE	Change	Addition
STREET ADDRESS	SD GALLARDO, NACHA M. 10201 SW 128 STREET MIAMI FL 33176	DELETE	STREET ADDRESS	DELETE	DELETE	Change	Addition
CITY-ST-ZIP	NAME	DELETE	CITY-ST-ZIP	DELETE	DELETE	Change	Addition
NAME	NAME	DELETE	NAME	DELETE	DELETE	Change	Addition
STREET ADDRESS	STREET ADDRESS	DELETE	STREET ADDRESS	DELETE	DELETE	Change	Addition
CITY-ST-ZIP	CITY-ST-ZIP	DELETE	CITY-ST-ZIP	DELETE	DELETE	Change	Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Luis Martinez, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-2000

Date

Page or Sheet #

ATTACHMENT
BU095217