500 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086317

NBC IMPORT & EXPORT INC.

Principal Place of Business 190 S.E. 1ST AVENUE

MIAM! FL 33131

Mailing Address

190 S.E. 1ST AVENUE MIAMI FL 33131-1002

2 Principal Place of Business 3. Mailing Address

FILED Apr 10, 2000 8:00 am Secretary of State

04-10-2000 90162 027 ***150.00



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Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE					
				4. F	El Number 65-0867876		<u> </u>	oplied For of Applicable	
Country		Zip	Country	5. 0	Certificate of Status Desired] \$	8.75 Add ee Require	litional d	
6. Name and Addre	ss of Current Reg	jistered Agent		~-7.· N	Name and Address of New Regist	ered Ag	jent		
			Name	,				ŀ	
SANTOS, CARLOS R 190 S.E. 1ST AVENUE MIAMI FL 33131				Street Address (P.O. Box Number is Not Acceptable)					
				City FL Zip Code					
named entity submits the	nis statement for th	e purpose of changing its	registered office or regis	tered ag	ent, or both, in the State of Florida.				
Signature, typed or printed name	of registered agent and t	rtle if applicable. (NOT	E: Registered Agent signature requ	ired when re	einstating)	DATE			
Tax filing requirement and elects to do so After I			100 Fee will be \$550.0	State	Trust Fund Contribution.		Added	May Be d to Fees	
C	FFICERS AND DIF	RECTORS	12.	AD	DDITIONS/CHANGES TO OFFICER	S AND I	DIRECTOR	S IN 11	
		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	☐ Addition	
MIAMI FL 33133	_		CITY-ST-ZIP						
SANTOS, CARMEN 2131 SECCOFFEE		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		gr [*]		Change	☐ Addition	
111111111111111111111111111111111111111			TITLE				☐ Change	Addition	
			NAME STREET ADDRESS CITY-ST-ZIP	~ ر			-		
·		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Change	☐ Addition	
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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Addition	
	Country 6. Name and Addre TOS, CARLOS R S.E. 1ST AVENUE MI FL 33131 e named entity submits the Signature, typed or printed name pration is eligible to satis requirement and elects to ria on back) CO D SANTOS, CARLOS 2131 SECCOFFEE MIAMI FL 33133 D SANTOS, CARMEN 2131 SECCOFFEE MIAMI FL 33133	Country 6. Name and Address of Current Reg TOS, CARLOS R S.E. 1ST AVENUE WI FL 33131 e named entity submits this statement for the Signature, typed or printed name of registered agent and to pration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND DIF D SANTOS, CARLOS R 2131 SECCOFFEE ST. MIAMI FL 33133 D SANTOS, CARMEN 2131 SECCOFFEE ST. MIAMI FL 33133	Country Zip 6. Name and Address of Current Registered Agent TOS, CARLOS R S.E. 1ST AVENUE WI FL 33131 Signature, typed or printed name of registered agent and title if applicable. (NOT poration is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND DIRECTORS D SANTOS, CARLOS R 2131 SECCOFFEE ST. MIAMI FL 33133 D SANTOS, CARMEN 2131 SECCOFFEE ST. MIAMI FL 33133 D Delete Delete Delete Delete	Country Name Street Addres Street Addres Street Addres City FILE NOW!!! FEE Is \$150.00 After MAY 1, 2000 Fee will be \$550.0 Make Check Payable to Department of \$ CITY-ST-ZIP CITY FILE NOW!!! FEE Is \$150.00 After MAY 1, 2000 Fee will be \$550.0 Make Check Payable to Department of \$ CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Country City Ci	Country Zip Country 5, 6 Aname and Address of Current Registered Agent TOS, CARLOS R S.E. 1ST AVENUE IN THE Street Address (P.O. B. Signature, typed or printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Properties of printed name of registered agent and title if applicable. Pro	Country Country Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent: TOS, CARLOS R S.E. 1ST AVENUE III 1. 33131 City In named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typical or primed nerve of impatement agent and scall is applicable. (INCITE Requirement Agent agent and scall is applicable. (INCITE Requirement Agent agent agent, or both, in the State of Florida. (INCITE Requirement Agent agent agent, or both, in the State of Florida. (INCITE Requirement Agent agent agent, or both, in the State of Florida. (INCITE Requirement Agent agent agent, or both, in the State of Florida. (INCITE Requirement Agent agent agent, or both, in the State of Florida. (INCITE Requirement Agent agent agent, or both, in the State of Florida. (INCITE Requirement Agent ag	Country Country Country Country Country S. Certificate of Status Desired \$\frac{1}{2} \] 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address 7. Name	Country Zip Country 5. Certificate of Stetus Desired Serve Requires 8. Name and Address of Current Registered Agent	

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: