

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90019 009 ***150.00

DOCUMENT # P98000086317

1. Entity Name
NBC IMPORT & EXPORT INC.

Principal Place of Business
190 S.E. 1ST AVENUE
MIAMI FL 33131

Mailing Address
~~190 S.E. 1ST AVENUE~~
~~MIAMI FL 33131~~



2. Principal Place of Business
238 NE 1ST ST.

3. Mailing Address
18136 Clear Brook Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami FL

City & State
Boca Raton FL

4. FEI Number **65-0867876**

☒ **Applied For**
☐ **Not Applicable**

Zip **33132** **Country** **U.S.A.**

Zip **33498** **Country** **US**

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

SANTOS, CARLOS R
~~190 S.E. 1ST AVENUE~~
MIAMI FL 33131

Name **Santos Carlos**
Street Address (P.O. Box Number is Not Acceptable)

18136 Clear Brook Circle
City **Boca Raton** **FL** **Zip Code** **33498**

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]* **CANOS SANTOS** **02/26/02**
 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, 2002 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 **D** ☒ **Delete**
NAME **SANTOS, CARLOS R**
STREET ADDRESS **2131 SECCOFFEE ST.**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D Santos Carlos** ☐ **Change** ☐ **Addition**
NAME **18136 Clear Brook Circle**
STREET ADDRESS **Boca Raton FL 33498**
CITY-ST-ZIP

TITLE **D** ☒ **Delete**
NAME **SANTOS, CARMEN**
STREET ADDRESS **2131 SECCOFFEE ST.**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D Dias Filho, Amencio G.** ☐ **Change** ☐ **Addition**
NAME **8475 SW 94 STREET 205 E**
STREET ADDRESS **Miami, FL 33156**
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Delete**
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TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/2002 **305 4988324**
 Date Daytime Phone #

CR2E034 (9/01)