

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90202 002 ***150.00

DOCUMENT # P98000097212

1. Entity Name

INTER-AMERICAN EXPORT CORP.

Principal Place of Business

**3900 NW 79 AVE. STE. 410
 MIAMI FL 33166**

Mailing Address

**3900 NW 79 AVE. STE. 410
 MIAMI FL 33166**

2. Principal Place of Business

MIAMI

Suite, Apt. #, etc.

410

City & State

MIAMI, FL

Zip

33166

Country

U.S.A.

3. Mailing Address

3900 NW 79TH AVE.

Suite, Apt. #, etc.

410

City & State

MIAMI, FL

Zip

33166

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0883945

Applied For

Not Applicable

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

**GALLEGO, ARMANDO
 3900 NW 79 AVE, STE. 410
 MIAMI FL 33166**

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, 2001 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 **DP** ☐ Delete
 NAME **GALLEGO, ARMANDO**
 STREET ADDRESS **3900 NW 79 AVE, STE. 410**
 CITY-ST-ZIP **MIAMI FL 33166**

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

TITLE **DV** ☐ Delete
 NAME **GALLEGO, EVELYN**
 STREET ADDRESS **3900 NW 79 AVE, STE. 410**
 CITY-ST-ZIP **MIAMI FL 33166**

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

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

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

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TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ 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)(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: **ARMANDO GALLEGO**
PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 **305-6630384**
 Date Daytime Phone #

CR2E034 (10/00)