

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2000 08:00 AM****Secretary of State****DOCUMENT # P98000098911**

1. Entity Name

A & C IMPORTS, INC.

Principal Place of Business

13835 SW 88 STREET

MIAMI
33186

FL

Mailing Address

13835 SW 88 STREET

MIAMI
33186

FL

2. Principal Place of Business

20350 W COUNTRY CLUB DR

Suite, Apt. #, etc.
120City & State
AVENTURA FLZip
33180

Country

3. Mailing Address

20350 W COUNTRY CLUB DR

Suite, Apt. #, etc.

City & State
AVENTURA FLZip
33180

Country

4. FEI Number

65-0878528

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCURREYA ALBERTO
13835 SW 88 STREETMIAMI
33186

FL

7. Name and Address of New Registered Agent

Name

DON SHARI

Street Address (P.O. Box Number is Not Acceptable)

20350 W COUNTRY CLUB DR

120

City
AVENTURA

FL

Zip Code
33180

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 **SHARI DON**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/26/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE PD ☐ Delete
NAME CURREYA ALBERTO
STREET ADDRESS 13835 SW 88 STREET
CITY-ST-ZIP MIAMI FL 33186TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PD ☒ Change ☐ Addition
NAME DON SHARI
STREET ADDRESS 20350 W COUNTRY CLUB DR SUITE 120
CITY-ST-ZIP AVENTURA FL 33180TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: SHARI DON

PD 01/26/2000