FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

05-15-2002 90062 038 ****70.00
P99000013524

02 MAY 16 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000013524

1. Entity Name: L & G Import - Export, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 293006	P.O. Box 293006
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE, FLORIDA	City & State: DAVIE, FLORIDA
Zip: 33329 Country: U.S.A.	Zip: 33329 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-330-1522 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LUIS E. BARRIOS

Street Address (P.O. Box Number is Not Acceptable): 3820 E. LAKE ESTATES DRIVE

City: DAVIE FL Zip Code: 33328

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: Chas B. Hardman 04-26-02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE: P	TITLE:
NAME: CHARLES BRANDON HARDMAN	NAME:
STREET ADDRESS: 1122 SHAFFER TRAILS	STREET ADDRESS:
CITY-ST-ZIP: OVIEDO, FLORIDA 32765	CITY-ST-ZIP:
TITLE: V	TITLE:
NAME: EDUARDO A. BARRIOS	NAME:
STREET ADDRESS: 4007 QUENITA DRIVE	STREET ADDRESS:
CITY-ST-ZIP: WINTER PARK, FLORIDA 32792	CITY-ST-ZIP:
TITLE: S/T/D	TITLE:
NAME: LUIS ENRIQUE BARRIOS	NAME:
STREET ADDRESS: 3820 E. LAKE ESTATES DRIVE	STREET ADDRESS:
CITY-ST-ZIP: DAVIE FLORIDA 33328	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
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CITY-ST-ZIP:	CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Chas B. Hardman 04-26-02 (407) 971-2243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #