

2000 UNIFORM BUSINESS REPORT (UBR)

9/12/00-90152-002-\$550.00-\$550.00

DOCUMENT # P99000033671

1. Entity Name

C.N.D. IMPORTS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 PM 2:56

Principal Place of Business

8568 ARLINGTON EXPRESSWAY #A
JACKSONVILLE FL 32211

Mailing Address

8568 ARLINGTON EXPRESSWAY #A
JACKSONVILLE FL 32211

2. Principal Place of Business

5153 LENOX AVE

3. Mailing Address

8749 OSPREY LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL.

City & State

JACKSONVILLE FL.

4. FEI Number

59-3572911

Applied For

Not Applicable

Zip

32205

Country

DUVAL

Zip

32217

Country

DUVAL

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

DIAZ, CARLOS N

8568 ARLINGTON EXPRESSWAY #A
JACKSONVILLE FL 32211

Name

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

5153 LENOX AVE 5153 LENOX AVE

City

FL

Zip Code

32205

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
NAME	DIAZ, CARLOS N	
STREET ADDRESS	8749 OSPREY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

CARLOS N. DIAZ, DIRECTOR

9-11-00

Date

(904)

233-5540

Daytime Phone #

CR2E034 (5/00)