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| | MENT # P990X | 00035 | 823 | •• <i>•</i> | FILED | ڔٛ |
| ELLA IMPORTS, INC. | | | | | OI JUL II AM 10: 53 | |
| Principal Place of Business Mailing Address | | | | | SECRETARY OF STATE | |
| _ | , N.E. 13TH ST. | - SA | ME . | | TALLAHASSEE, FLORIDA- | |
| UNIT | · | | | : (| • | |
| | ANO BEACH, FL 3 Place of Business | 306 2 3. Mailing Address | | | % | |
| 3216 | N.E. 13TH ST. | 3216 N.E. | 13 HTE1 | Γ., | | |
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | |
| City & Star | / | City & State POMPA | | <i>i</i> | 4. FEI Number Applied For |] |
| Zip | ANO BEACH IFL | FLORIDA Zin | Country | | Not Applicable S Cartificate of Status Decired \$8.75 Additional | |
| 3307 | 6. Name and Address of Current Re | SSOR6 | <u> U.S.A</u> | | Certificate of Status Desired | |
| - | SPIEGEL & UTREA | | Name | | 7. Name and Audiess of New Registered Agent | |
| 1 | 543 ALMEIRA A | | Street A | Address (P. | CO. Box Number is Not Acceptable) | 1 |
| · | ORAL GABLES, | | <u> </u> | | | |
| Ο. | • | 33134 | City t | | FL Zip Code | |
| 8. The above | e named entity submits this statement for the | | registered office o | r registerer | | |
| | | to be been of an angling to | 9,0,0,000 | i rogiotoro | 2 | |
| SIGNATURE | Signature, typed or printed name of registered agent and | title if applicable. (NOTE: | Registered Agent signa | ture required w | when reinstating) DATE | |
| Tax filing | oration is eligible to satisfy its Intangible requirement and elects to do so. | FILE NOW!! After MAY 1, 200 Make Check Payabl | | 550.00 | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | |
| 11. | OFFICERS AND DI | | 12. | n or our | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME | | ☐ Delete | TITLE NAME | F 1/4 | ☐ Change ☐ Addition | E034 (11/00) |
| STREET ADDRESS | | | STREET ADDRESS | 3216 | N.E. 13TH ST. UNIT 4 | 8 |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Portp. | ANO ISEACH, FL 33062 16 Change Addition | CRZEO |
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| indicated of the cor | l on this report or supplemental report is tru | ue and accurate and that mi ered to execute this report a | y signature shall h is required by Cha | nave the sa apter 607, F | tion 119.07(3)(i), Florida Statutes. I further certify that the information are legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 11 or Block 12 if REIRA | |
| SIGNAT | URE: SIGNATURE AND TYPED OR PRIN | TED NAME OF SIGNING OFFICER O | R DIRECTOR | | 06-21-01 (954)579-1640 Date Dayting Phone # | |

May 22, 2001

To Whom It May Concern:

Please except this payment of \$150 as we never received the Business Report in the mail. We have had trouble with our mail because we have been moving from place to place as the condo we bought is being remodeled. We are currently staying with the inlaws, however our new address will be: 3216 N.E. 13th St., Unit 4 Pompano Beach, FL 33062. We tried to do this over the internet so that you would receive this faster, but we do not have an electronic filing number.

We have not made <u>any</u> money with our business. We cannot afford a late payment charge.

Please except our payment.

Thank you,

Lena Pereira

President

Ella Imports, Inc.

Alexandre Pereira

Vice President

Ella Imports, Inc.