

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040138

1. Entity Name

IN & EX PORT MERCHANDISE, INC.

FILED

Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90060 004 ***150.00

Principal Place of Business

~~8413 NW 68TH ST
MIAMI FL 33166~~

Mailing Address

~~8413 NW 68TH ST
MIAMI FL 33166-2617~~

2. Principal Place of Business

6804 N.W. 84 AVE

3. Mailing Address

6804 N.W. 84 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

4. FEI Number

65-0953796

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DINER, MANUEL
141 NE 3RD AVE, SUITE 601
MIAMI FL 33132

7. Name and Address of New Registered Agent

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, 2000 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

TITLE ☐ Delete
NAME ~~D~~
STREET ADDRESS ~~GIORDANO, PASQUALE~~
CITY-ST-ZIP ~~555 NE 15TH ST, 27-K
MIAMI FL 33132~~

TITLE ☒ Delete
NAME ~~D~~
STREET ADDRESS ~~KOVAL, ANA CRISTINA~~
CITY-ST-ZIP ~~4631 NW 97TH PL
MIAMI FL 33178~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME ~~D~~
STREET ADDRESS ~~GIORDANO, PASQUALE~~
CITY-ST-ZIP ~~555 N.E. 15th St. Apt. 27-K
MIAMI, FL. 33132~~

TITLE ☐ Change ☒ Addition
NAME ~~PD~~
STREET ADDRESS ~~GIORDANO, PASQUAL~~
CITY-ST-ZIP ~~555 N.E. 15th St. Apt. 27-K
MIAMI, FL. 33132~~

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

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

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

TITLE ☐ 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 another like empowered.

SIGNATURE:

PASQUAL GIORDANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/00

(305) 591-9752