

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000047828**

1. Entity Name

**ASJ EXPORT-IMPORT, CORP.****FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90369 010 \*\*\*150.00

Principal Place of Business

**9810 NW 80TH AVE  
STE 8-Q  
HIALEAH GARDENS FL 33016**

Mailing Address

**9810 NW 80TH AVE  
STE 8-Q  
HIALEAH GARDENS FL 33016****550692**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**352 LAKESIDE CT.**

3. Mailing Address

**352 LAKESIDE CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**SUNRISE FLORIDA**

City &amp; State

**SUNRISE FLORIDA**

4. FEI Number

**65-0921965**

Applied For

Not Applicable

Zip

**33326**

Country

**USA**

Zip

**33326**

Country

**USA**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

**LOPEZ, ISABEL  
9810 NW 80TH AVE  
STE 8-Q  
HIALEAH GARDENS FL 33016**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	LOPEZ, ISABEL	
STREET ADDRESS	9810 NW 80TH AVE., SUITE 8Q	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ ISABEL	
STREET ADDRESS	352 LAKESIDE CT.	
CITY-ST-ZIP	SUNRISE FL 33326	

TITLE	VSD	<input type="checkbox"/> Delete
NAME	IBARRA, FELIX	
STREET ADDRESS	9810 NW 80TH AVE., SUITE 8Q	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	

TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IBARRA FELIX	
STREET ADDRESS	352 LAKESIDE CT.	
CITY-ST-ZIP	SUNRISE FL 33326	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)