

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049635

1. Entity Name  
**MIAMI TRADE IMPORT/EXPORT CENTER, INC.**

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90116 016 \*\*\*150.00

Principal Place of Business      Mailing Address  
**2229 NORTHWEST 23RD WAY**      **2229 NORTHWEST 23RD WAY**  
**BOCA RATON FL 33431**      **BOCA RATON FL 33431-4004**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**65-0928604**      ☐ Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
☐

6. Name and Address of Current Registered Agent  
**LAVERDE, JOEL R ESQ**  
**507 SE 11TH COURT**  
**FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent  
 Name **Anna Christina Marun**  
 Street Address (P.O. Box Number is Not Acceptable) **2229 NW 23 Way**  
 City **Boca Raton**      **FL**      Zip Code **33431**

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      DATE **FEB 25 2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP	<input checked="" type="checkbox"/> Delete
NAME	REKIS, ALBERTO L	
STREET ADDRESS	2229 NORTHWEST 23RD WAY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	MARUN, ANA CHRISTINA	
STREET ADDRESS	2229 NORTHWEST 23RD WAY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:      DATE **FEB 25 2000**      Daytime Phone # **(561) 212-7922**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)