

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-21-2002 91167 023 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PA9000049635 ✓

1. Entity Name

Miami Trade Import/Export Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2200 Glades Rd

Suite, Apt. #, etc.

102-A

City & State

Boca Raton FL

Zip

33431

Country

USA

3. Mailing Address

2200 Glades Rd

Suite, Apt. #, etc.

102-A

City & State

Boca Raton FL

Zip

33431

Country

USA

DO NOT WRITE IN THIS SPACE

4. FFI Number

PA9000049635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Ana Cristina Maron

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

2200 Glades Rd. - Ste. 102-A

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

[Signature]

(NOTE: Registered Agent signature required when re-registering)

DATE

4-29-02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT
Ana Cristina Maron
2200 Glades Rd Ste 102-A
Boca Raton FL 33431

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

DATE

Daytime Phone #

CR2E034B (12/01)