

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058433

1. Entity Name

COSTA RICA EXPORT, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90875 044 ***150.00

Principal Place of Business

Mailing Address

1801 NW 7 ST., SUITE 2
MIAMI FL 33125

1801 NW 7 ST., SUITE 2
MIAMI FL 33125-3568

2. Principal Place of Business

3. Mailing Address

1801 NW 7st

Suite, Apt. #, etc.

Suite # 2

City & State

Miami

Zip

FL

Country

33125

Zip

Country

4. FEI Number

52-2182965

Applied For

Not Applicable

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

SOLANO, ANTHONY

1801 NW 7 ST., SUITE 2
MIAMI FL 33125

Name

Solano, Anthony

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

1801 NW 7st, suite # 2

City

miami

FL

Zip Code

33125

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

04/27/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SOLANO, ANTHONY
1801 NW 7 ST., SUITE 2
MIAMI FL 33125 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/27/00

CR2E034 (9/99)