

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90210 001 \*\*\*\*\*8.75

**DOCUMENT # P99000058876**

1. Entity Name

**IMPOREXPORT SERVICES CORP.**

Principal Place of Business

3327 FORSYTH RD  
 WINTER PARK FL 32792

Mailing Address

3327 FORSYTH RD  
 WINTER PARK FL 32792-6635

2. Principal Place of Business

1700 Woodbury Rd  
 Suite, Apt. #, etc. Apt 14-08

3. Mailing Address

1700 Woodbury Rd  
 Suite, Apt. #, etc. Apt 14-08

City & State

Orlando FL

City & State

Orlando FL

Zip

32828

Country

USA

Zip

32828

Country

USA

4. FEI Number

59-3588495

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PEREZ, FERNANDO  
 10130 TRILLIUMS DRIVE  
 ORLANDO FL 32825-8862

7. Name and Address of New Registered Agent

Name PEREZ, FERNANDO

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

1700 Woodbury Rd, Apt 1408

City

Orlando

FL

Zip Code

32828

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	PT	<input type="checkbox"/> Delete
NAME	PEREZ, FERNANDO	
STREET ADDRESS	10130 TRILLIUMS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LIBIA	
STREET ADDRESS	10130 TRILLIUMS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
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	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, FERNANDO	
STREET ADDRESS	1700 Woodbury Rd, Apt 1408	
CITY-ST-ZIP	Orlando FL 32828	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, LIBIA	
STREET ADDRESS	1700 Woodbury Rd, Apt 1408	
CITY-ST-ZIP	Orlando FL 32828	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 28, 2000 (407) 281 5459

Date

Daytime Phone #