

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063971

1. Entity Name

CUR-MIAMI EXPORT AND FINANCE, CORP.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90019 041 ***150.00

Principal Place of Business Mailing Address
10227 NW 9TH STREET CIRCLE SUITE 502 10227 NW 9TH STREET CIRCLE SUITE 502
MIAMI FL 33172 MIAMI FL 33172-3269

2. Principal Place of Business 3. Mailing Address
7460 SW 107TH AVE 7460 SW 107TH AVE
Suite, Apt. #, etc 3101 Suite, Apt. #, etc 3101

City & State City & State
MIAMI, FL MIAMI FL
Zip Country Zip Country
33172 DADC 33172 DADC

4. FEI Number 65-0941038 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

JANSEN, IGOR N
10227 NW 9TH STREET CIRCLE SUITE 502
MIAMI FL 33172

Name
Street Address (P.O. Box Number is Not Acceptable)
7460 SW 107TH AVE
APT 3101
City MIAMI FL Zip Code 33172

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 _____ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JANSEN, IGOR N		NAME		
STREET ADDRESS	10227 NW 9TH STREET CIRCLE SUITE 502		STREET ADDRESS	7460 SW 107TH AVE 3101	
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CATHERINE A. JONCH-DE PICO		NAME		
STREET ADDRESS	7460 SW 107TH AVE #3101		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 2-4-00 Daytime Phone #: 305-238-9412

CR2E034 (9/99)