

DOCUMENT # P99000063971

1. Entity Name

CUR-MIAMI EXPORT AND FINANCE, CORP.

Principal Place of Business

16605 SW 148 AVE.
MIAMI FL 33187

Mailing Address

16605 SW 148 AVE.
MIAMI FL 33187

2. Principal Place of Business

16605 SW 148 AVE

Suite, Apt. #, etc.

3. Mailing Address

16605 SW 148 AVE

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FLORIDA

Zip

33187

Country

U.S.A

Zip

33187

Country

U.S.A



DO NOT WRITE IN THIS SPACE

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

JANSEN, IGOR N
7460 SW 107TH AVE
APT 3101
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☒\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME JANSEN, IGOR N
STREET ADDRESS 7460 SW 107TH AVE #3101
CITY-ST-ZIP MIAMI FL 33173TITLE D ☐ Delete
NAME JONCH-DE PICO, CATHERINE A
STREET ADDRESS 7460 SW 107TH AVE #3101
CITY-ST-ZIP MIAMI FL 33173TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

CR2E034 (10/00)

IGOR N. JANSEN JAN 9-2001 305 971-9989