## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 28, 2002 8:00 am Secretary of State P99000063971 DOCUMENT # 01-28-2002 90029 018 \*\*\*150.00 CUR-MIAMI EXPORT AND FINANCE, CORP. Principal Place of Business Mailing Address 16605 SW 148 AVE. 16605 SW 148 AVE. MIAMI FL 33187 **MIAMI FL 33187** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0941038 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jansen, Igor N Street Address (P.O. Box Number is Not Acceptable) Igor Jansen 16605 SW 148th Ave. Miami, FL 33187-1488 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE TITLE Jansen, Igor N NAME 7460 SW 107TH AVE #3101 STREET ADDRESS MIAMI FL 33173 CITY-ST-Z CITY-ST-ZIP Change ☐ Addition TITLE JONCH-DE PICO, CATHERINE A NAME 7460 SW 107TH AVE #3101 DOBESS STREET ADDRESS MIAMI FL 33173 CITY-ST-ZIP Change ☐ Addition TITLE TITLE Igor Jansen NAME NAME 16605 SW 148th Ave. STREET ADDRESS STREET ADDRESS Miami, FL 33187-1488 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Catherine De Jongh NAME NAME 16605 SW 148 Ave. Miami, FL 33187 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE 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

CIGNATUDE

SIGNATURE REQUIRED

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED