## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 11, 2000 8:00 am Secretary of State DOCUMENT # P99000072812 1. Entity Name P.A.G. EXPORT IMPORT, CORP. 04-11-2000 90060 012 \*\*\*150.00 Principal Place of Business Mailing Address 7427 S.W. 152 AVE., STE, 208 7427 S.W. 152 AVE., STE, 208 MIAMI FL 33193-2363 MIAMI FL 33193 2. 等濃温 3. Mailing Address 2. Principal Place of Business: 0500 SW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 40a 409 Applied For 4. FEI Number City & State Not Applicable AMI mi ami Country United States \$8.75 Additional 5. Certificate of Status Desired States Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOUIA ROMERO, SONIA A 7427 S.W. 152 AVE., STE. 208 **MIAMI FL 33193** MIAMI 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 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees X Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition Delete TITLE TITLE ROMERO, SONIAA. ROMERO, SONIA A NAME NAME 10500 sw 8th st . ste. 409 7427 S.W. 152 AVE., STE. 208 STREET ADDRESS STREET ADDRESS m, Ami -F1. 33174 CITY-ST-ZIP **MIAMI FL 33193** CITY-ST-ZIP Change Addition Delete TITLE. CHIRIBOGA, ANDRES F... CHIRIBOGA, ANDRES F NAME 10500 SW 8th st. STE 409 7427 S.W. 152 AVE., STE. 208 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP m1 Am1 - F1. 33174 CITY-ST-ZIP **MIAMI FL 33193** Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition 🗆 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIF

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

TITLE NAME

STREET ADDRESS

☐ Change

Addition