## **2000 UNIFORM BUSINESS REPORT (UBR)**

## Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **P99000073722** SWEET IMPORT & EXPORT, INC. 04-19-2000 90068 032 \*\*\*150.00 Mailing Address Principal Place of Business 701 BRICKELL AVENUE SUITE 3000 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131-2847 **MIAMI FL 33131** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 65-0942353 Zip Country 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 INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE SUITE 3000 **MIAMI FL 33131** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DPAS DPAS Change ☐ Addition Delete TITLE TITLE SUTTON ALLAN 2761 NW 82 nd AVENUE SUTTON, ALLAN NAME NAME 8800 N.W. 24TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FLORIDA 33172 CITY-ST-ZIP miami Florida Change ☐ Addition DVPS **⊠** Delete TITLE TITLE SUTTON, MARKY 1761 NW 82 nd Avenue SUTTON, MARKY 8800 N.W. 24TH TERRACE NAME NAME STREET ADDRESS STREET ADORESS Miumi, Florida 33122 MIAMI, FLORIDA CITY-ST-ZIP CITY-ST-ZIP 🗖 Change ☐ Addition ☐ Delete TITLE 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-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete 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 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

4/13/00

(305) 463-893

Daytime Phone #