

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91326 049 ***150.00

DOCUMENT #P99000088694

1. Entity Name

B M IMPORT & EXPORT, INC

Principal Place of Business

8920 NW 8TH ST
MIAMI, FL 33172

Mailing Address

8920 NW 8TH ST
MIAMI, FL 33172

2. Principal Place of Business

10767 NW 40 ST

3. Mailing Address

10767 NW 40 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SUNRISE, FL

City & State
SUNRISE, FL

4. FEI Number

65-0954133

Applied For

Not Applicable

Zip

33351

Country

Zip

33351

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MENDOZA, BISMARK
8920 NW 8TH ST
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name
VILCHES, LUIS

Street Address (P.O. Box Number is Not Acceptable)
10767 NW 40TH ST

City
SUNRISE, FL Zip Code
33351

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 *José Luis Vilches*

Signature, typed or printed name of registered agent and the 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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PSD
MENDOZA, BISMARK
8920 NW 8TH ST
MIAMI, FL 33172 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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CITY- ST- ZIP
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CITY- ST- ZIP
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PSD
VILCHES, LUIS
10767 NW 40TH ST
SUNRISE, FL 33351 ☐ Change ☐ Addition

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

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

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CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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

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: *José Luis Vilches*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/01 (305) 999-0192