

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098044

1. Entity Name

FREEDOM EXPORT, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90012 007 ***550.00

Principal Place of Business

17925 S.W. 35TH DR.
MIRAMAR FL 33029

Mailing Address

17925 S.W. 35TH DR.
MIRAMAR FL 33029

2. Principal Place of Business

3. Mailing Address

1350 N.E. 125th STREET

1350 N.E. 125th STREET

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

NORTH MIAMI, FLORIDA

City & State

NORTH MIAMI, FL.

Zip

33161

Country

DADE

Zip

33161

Country

DADE

4. FEI Number

65-0961115

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REMY, VILSON

17925 S.W. 35TH DR.
MIRAMAR FL 33029

1350 N.E. 125 ST. SUITE 100
NORTH MIAMI, FL 33161

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	REMY, VILSON	
STREET ADDRESS	17925 S.W. 35TH DR.	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REMY, JOANEL	
STREET ADDRESS	17925 S.W. 35TH DR.	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	DS	<input type="checkbox"/> Delete
NAME	REMY, SOLANGE	
STREET ADDRESS	17925 S.W. 35TH DR.	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-2000

Date

305-895-3475

Daytime Phone

CR2E034 (5/00)