2000 UNIFORM BUSINESS REPORT (UBR)

4/25

FILED
Jun 05, 2000 8:00 am
Secretary of State
04-25-2000 90004 016 ***150.00

DOCUMENT # ~~You didn't SEND US A UBR~~ P99000

1. Entity Name: MAURER IMPORT-EXPORT, INC
251 S. CYPRESS Rd #147 N/C
POMPANO BEACH FL 33060

Principal Place of Business	Mailing Address
251 S. CYPRESS Rd #147 POMPANO BEACH, FL 33060	251 S. CYPRESS Rd #147 POMPANO BEACH, FL 33060

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
251 S. CYPRESS	251 S. CYPRESS Rd
Suite, Apt #, etc. #147	Suite, Apt. #, etc. #147
City & State: POMPANO BEACH FL	City & State: POMPANO BEACH FL
Zip: 33060 Country: BROWARD	Zip: 33060 Country: BROWARD

4. FEI Number: 65-0967355 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GENEVIEVE PELLETIER-CARBONNEAU
251 S. CYPRESS RD #147
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

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 $150.00
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GENEVIEVE PELLETIER-CARBONNEAU	NAME	
STREET ADDRESS	251 S. CYPRESS RD #147	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	CITY-ST-ZIP	
TITLE	VICE-PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAVID E. CARBONNEAU	NAME	
STREET ADDRESS	251 S. CYPRESS Rd #147	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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: Genevieve Pelletier 3/08/2000 954-943-6347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #