$150.00

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03 MAR -5 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100332

1. Entity Name
COLLAN IMPORT & EXPORT INC.

Principal Place of Business	Mailing Address
457 WEST 28TH ST. HIALEAH, FL 33010	457 WEST 28TH ST. HIALEAH, FL 33010

2. Principal Place of Business	3. Mailing Address
887 W. 29TH STREET	887 W. 29TH STREET
Suite, Apt. #, etc.: APT: 3	Suite, Apt. #, etc.: APT: 3
City & State: HIALEAH, FL	City & State: HIALEAH, FL
Zip: 33012 Country: US	Zip: 33012 Country: US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0962529 — 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
GOSE, FELIX 7707 CAMINO REAL APT. B-312 MIAMI, FL 33143	Name: FELIX GOSE Street Address (P.O. Box Number is Not Acceptable): 887 W. 29TH STREET APT: 3 City: HIALEAH FL Zip Code: 33012

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when in entirety) DATE

FILE NOW! FILING FEE IS $150.00
After May 1, 2003 Fee will be $600.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $6.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOSE, FELIX 7707 CAMINO REAL APT B-312 MIAMI, FL 33143 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(PD) FELIX GOSE 887 W. 29TH STREET APT:3 HIALEAH, FL 33012 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(VD) JOSE VALVERDE 887 W. 29TH STREET APT:3 HIALEAH, FL 33012 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400014054754 03/14/03--01080--022 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an asterisk, or other like empowered.

SIGNATURE: X _____ Date: 3/4/03
SIGNATURE OF OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (10/02)