

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Mar 24, 2000 8:00 am  
Secretary of State  
03-24-2000 90066 017 \*\*\*150.00

DOCUMENT # P99000104779

Entity Name  
AMERICANIA IMPEX CORP.

Principal Place of Business  
21 WOODSIDE DRIVE  
FORT LAUDERDALE FL 33312

Mailing Address  
2501 WOODSIDE DRIVE  
FORT LAUDERDALE FL 33312

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



00043934

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent  
Name: JOSE M. CADENAS  
Street Address (P.O. Box Number is Not Acceptable):  
2501 WOODSIDE DR  
City: FORT LAUDERDALE FL Zip Code: 33312

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] (JOSE M. CADENAS, PRESIDENT) DATE: 3/21/00  
(NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
LE ME REET ADDRESS Y-ST-ZIP	PTD CADENAS, JOSE M 2501 WOODSIDE DRIVE FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
LE ME REET ADDRESS Y-ST-ZIP	V ROMAGNOLI, MARCO 2501 WOODSIDE DRIVE FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
LE ME REET ADDRESS Y-ST-ZIP	VTD CADENAS, ALICIA 2501 WOODSIDE DRIVE FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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] (JOSE M. CADENAS, PRESIDENT) DATE: 3/21/2000 (954) 463-7138  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)