

2000 UNIFORM BUSINESS REPORT (UBR)

0004312

DOCUMENT # P99000109606

FILED

1. Entity Name
SERNE IMPORT-EXPORT, INC.

01 MAY -1 AM 9:04

Principal Place of Business
**11401 S.W. 40TH ST. SUITE 301
MIAMI FL 33165**

Mailing Address
**11401 S.W. 40TH ST. SUITE 301
MIAMI FL 33165**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0971922

Applied For
Not Applicable

Zip Country

Zip Country

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

**PAZ, NELY A
11315 SW 32 ST.
MIAMI FL 33164**

Name

Street Address (P.O. Box Number is Not Acceptable)

FL

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 *Nely Paz*
Signature, typed or printed name of registered agent and title if applicable

Secretary
(NOT Registered Agent signature required when reinstating)

10/7/00
DATE

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 **DP** ☐ Delete
NAME **FLORES VELASCO, SERGIO A**
STREET ADDRESS **11315 SW 32ND ST.**
CITY-ST-ZIP **MIAMI FL 33165**

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

TITLE **DS** ☐ Delete
NAME **PAZ, NELY E**
STREET ADDRESS **11315 SW 32ND ST.**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300004274773-0
-05/21/01-01180-007
******900.00 ****900.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *NELY E. PAZ*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC

10/7/00 *305-553-4537*
Date Daytime Phone #

CR2E034 (9/99)