

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000111404**1. Entity Name  
PHILIMPORTEXPORT, INC.

## Principal Place of Business

613 EAST SUMMIT STREET

WAUCHULA  
33873

FL

## Mailing Address

613 EAST SUMMIT STREET

WAUCHULA  
33873

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

**65-0971150**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUECORAL GABLES  
33134

US

FL

## 7. Name and Address of New Registered Agent

Name

ALCORDO ISABELO SDR.

Street Address (P.O. Box Number is Not Acceptable)  
613 E SUMMIT STREETCity  
WAUCHULA

FL

Zip Code  
33873

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 **ISABELO S. ALCORDO****04/26/2001**

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, 2001 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	TD	<input type="checkbox"/> Delete
NAME	ALCORDO RAOUL V	
STREET ADDRESS	613 EAST SUMMIT STREET	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	TD	<input type="checkbox"/> Delete
NAME	METIAM ELADIO C	
STREET ADDRESS	613 EAST SUMMIT STREET	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALCORDO CRESCENCIO S	
STREET ADDRESS	613 EAST SUMMIT STREET	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PALOMADO RAUL P	
STREET ADDRESS	613 EAST SUMMIT STREET	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	PD	<input type="checkbox"/> Delete
NAME	AQLCORDO ISABELO S	
STREET ADDRESS	613 EAST SUMMIT STREET	
CITY-ST-ZIP	WAUCHULA FL 33873	
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	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	
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: **HEIDI V. ALCORDO**

TD

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)