

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S37383

1. Entity Name

B & J IMPORT & EXPORT, INC.

Principal Place of Business

13305 SW 100 TERR.  
MIAMI FL 33186  
US

Mailing Address

13305 SW 100 TERR.  
MIAMI FL 33186  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0269194

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

CAROLE DE LA TORRE BUENO  
13305 SW 100 TERR.  
MIAMI FL 33186

Name

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

8404 S.W. 40th St

Miami, FL 33155

City

FL

Zip Code  
33155

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, 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DPT	BUENO, JULIO DE LA TORRE	13305 SW 100 TERR.	MIAMI FL 33186	<input type="checkbox"/>			2907 OLD FORT RD	SUGAR LAND, TX 77479	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	BUENO, CAROLE DE LA TORRE	13305 SW 100 TERR.	MIAMI FL 33186	<input type="checkbox"/>			2907 OLD FORT RD	SUGAR LAND TX 77479	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-24-01

Date

Daytime Phone #

CR2E034 (10/00)

023712E

FILED  
Mar 28, 2001 8:00 am  
Secretary of State

03-28-2001 90075 010 \*\*\*150.00

637891



DO NOT WRITE IN THIS SPACE