

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90024 021 \*\*\*158.75

**80026333**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # S39196**  
**1. Entity Name**  
**MOIR EXPORT CO.**

<b>Principal Place of Business</b> 4006 ESTEPONA AVE., MIAMI, FL 33178	<b>Mailing Address</b> P. O. BOX 523563 MIAMI, FL 33152
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<b>2. Principal Place of Business</b> 4006 ESTEPONA AVE., Suite, Apt. #, etc.	<b>3. Mailing Address</b> P. O. BOX 523563 Suite, Apt. #, etc.
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<b>City &amp; State</b> MIAMI, FL	<b>City &amp; State</b> MIAMI, FL	<b>4. FEI Number</b> 65-0253165	<b>Applied For</b> Not Applicable
<b>Zip</b> 33178	<b>Country</b> USA	<b>Zip</b> 33152	<b>Country</b> USA

<b>6. Name and Address of Current Registered Agent</b>  SUSAN M. PICADO 4006 ESTEPONA AVE., MIAMI, FL 33178	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>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.</b>

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
<b>TITLE</b> PRESIDENT <input type="checkbox"/> Delete	<b>NAME</b> SUSAN M. PICADO
<b>STREET ADDRESS</b> 4006 ESTEPONA AVE.,	<b>CITY-ST-ZIP</b> MIAMI, FL 33178
<b>TITLE</b> SECRETARY/TREASURER <input type="checkbox"/> Delete	<b>NAME</b> TEODORO PICADO
<b>STREET ADDRESS</b> 4006 ESTEPONA AVE.,	<b>CITY-ST-ZIP</b> MIAMI, FL 33178
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**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:** TEODORO PICADO *Teodoro Picado* 02/17/00 305-592-7817

CR2E034 (9/99)