FILED
Jul 15, 2002 8:00 am
Secretary of State
06-13-2002 90385 029 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V31275

1. Entity Name
PAKEM INTERNATIONAL IMPORT CORP

[redacted]

97290

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1602 W. Sligh Ave	SAME
Suite, Apt. #, etc. 200	Suite, Apt. #, etc.
City & State TAMPA, FL 33604	City & State
Zip 33604 Country Hillsborough	Zip Country

4. FEI Number 59205270 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name EMIL BOREL

Street Address (P.O. Box Number is Not Acceptable) 1602 W. Sligh Ave #200

City TAMPA FL Zip Code 33604

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 X
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EMILE Borel / PRESIDENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1602 W. Sligh Ave. #200 / TAMPA, FL 33604
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Emile Borel 5/30/02 540-837-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #