

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V53949

1. Entity Name

CONNIE INTERNATIONAL, INC.

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90085 034 ***558.75

Principal Place of Business

7010 NW 80 AVE
00
TAMARAC FL 33321
US

Mailing Address

7010 NW 80 AVE
TAMARAC FL 33321
US

2. Principal Place of Business

1301 CHINABERRY DR

Suite, Apt. #, etc.

3. Mailing Address

1301 CHINABERRY DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

65-0350892

Applied For

Not Applicable

Zip

33327

Country

USA

Zip

33327

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORREA, AMBROSIO
7010 NW 80 AVE
TAMARAC FL 33321

1301 CHINABERRY DR.
WESTON, FL 33327

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE P
NAME CORREA, AMBROSIO
STREET ADDRESS 7010 NW 80 AVE
CITY-ST-ZIP TAMARAC FL 1301 CHINABERRY DR.
WESTON, FL 33327

TITLE VP
NAME RAMOS, CONSTANZA
STREET ADDRESS 7010 NW 80 AVE
CITY-ST-ZIP TAMARAC FL 1301 CHINABERRY DR.
WESTON, FL 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-00 (RM) 385-1309

Date

Daytime Phone #

CR2E034 (5/00)