

FOR PROFIT CORPORATION  
2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91514 050 \*\*\*150.00

DOCUMENT # V58568

1. Entity Name

Microelectronic Import & Export, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6955 West 3rd Ct.

Suite, Apt. #, etc.

3. Mailing Address

6955 West 3rd Ct.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

643298

City & State  
Hialeah, FL

City & State  
Hialeah, FL

4. FEI Number  
65-0355262

Applied For  
Not Applicable

Zip  
33014

Country

Zip  
33014

Country

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

Herrera, Juan B.

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

6955 West 3rd Ct.

City

Hialeah

FL

Zip Code  
33014

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) ☒

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	D/P Herrera, Juan B. 6955 West 3rd Ct. Hialeah, FL 33014	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Herrera, Carmen R. 6955 West 3rd Ct. Hialeah, FL 33014	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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: Juan B. Herrera Juan B. Herrera

305-557-2247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #