2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2004 8:00 am
Secretary of State
05-14-2004 90008 030 ***150.00

DOCUMENT # V58568

1. Entity Name
Microelectronic Import & Export , Inc.

DO NOT WRITE IN THIS SPACE

54054492

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6955 West 3rd Ct.	6955 West 3rd Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, FL	City & State: Hialeah, FL
Zip: 33014-5335 Country: USA	Zip: 33014-5335 Country: USA

4. FEI Number: 65-0355262 ☐ 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: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D/P	TITLE	
NAME	Herrera, Juan B.	NAME	
STREET ADDRESS	6955 West 3rd Ct.	STREET ADDRESS	
CITY - ST - ZIP	Hialeah, FL 33014	CITY - ST - ZIP	
TITLE	D/S/T	TITLE	
NAME	Herrera, Carmen R.	NAME	
STREET ADDRESS	6955 West 3rd Ct.	STREET ADDRESS	
CITY - ST - ZIP	Hialeah, FL 33014	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY - ST - ZIP		CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Juan B. Herrera 05-01-04 305-557-2247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1