2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 90466 029 ***150.00

DOCUMENT # V58933

1. Entity Name
FOUR M IMPORT & EXPORT CORP.

Principal Place of Business
8114 SW 157th Ct.
MIAMI, FL. 33193-3017

Mailing Address

553402

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	FOUR M IMPORT & EXPORT CORP Suite, Apt. #, etc. 8114 SW 157th Ct.
City & State	City & State MIAMI, FL
Zip / Country	Zip 33193-3017 / Country U.S.

4. FEI Number 65-0353554 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NAVAS, MARIA E. 8114 SW 157th Ct. MIAMI, FL. 33193-3017	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 _____
(Required: Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when designating) (DATE)

9. This corporation is not eligible to certify its Intangible Tax filing requirement and elects to do so (See reverse side) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $590.00
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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PRESIDENT ☐ Delete NAME NAVAS, MARIA E. STREET ADDRESS 8114 SW 157th Ct. CITY-ST-ZIP MIAMI, FL. 33193-3017	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE VPT ☐ Delete NAME NAVAS-PIETRI, ANIBAL STREET ADDRESS 8114 SW 157th Ct. CITY-ST-ZIP MIAMI, FL. 33193-3017	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE DS ☐ Delete NAME NAVAS, MARIA VALENTINA STREET ADDRESS 8114 SW 157th Ct. CITY-ST-ZIP MIAMI FL. 33193-3017	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ 04/30/01 305-383-4477
ANIBAL NAVAS PIETRI (Print Name of Officer or Director) Fax 305-383-5522