

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 31 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0002919 AF

DOCUMENT # L95000000135

1. Entity Name
U.S. KOLON EXPORT LIMITED COMPANY

Principal Place of Business
7400 NW 7 ST., #105
MIAMI FL 33126

Mailing Address
7400 NW 7 ST., #105
MIAMI FL 33126-2943

my 4/12



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0556629 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAMAAN, GEORGE
7400 NW 7 ST., #105
MIAMI FL 33126

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: *George Samaan* (NOTE: Registered Agent signature required when reinstating) DATE: 3/27/2000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		
TITLE	NAME	<input type="checkbox"/> Delete
MGR	SAMAAN, GEORGE	<input type="checkbox"/>
STREET ADDRESS	7400 NW 7 ST., #105	
CITY-ST-ZIP	MIAMI FL 33126	
MGR	PRADO, FRANCISCO S	<input type="checkbox"/>
STREET ADDRESS	7400 NW 7 ST., #105	
CITY-ST-ZIP	MIAMI FL 33126	
MGRM...	ABBOUD, ABDUL	<input type="checkbox"/>
STREET ADDRESS	7400 NW 7 ST., #105	
CITY-ST-ZIP	MIAMI FL 33126	
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

10. ADDITIONS / CHANGES		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *George Samaan* DATE: 3/27/2000 DAYTIME PHONE #: (305) 265-0440

NOTARIAL SIGNATURE REQUIRED

CR2E083 (9/99)