

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90070 033 ***150.00

U30414 AV

DOCUMENT # P01000006345

1. Entity Name
INTERNATIONAL WESTPORT CORPORATION



Principal Place of Business
**4810 NW 116 AVE
MIAMI FL 33178**

Mailing Address
**4810 NW 116 AVE
MIAMI FL 33178**



2. Principal Place of Business
10768 SW 88 St.

3. Mailing Address
10768 SW 88 St.

Suite, Apt. #, etc.
H-12

Suite, Apt. #, etc.
H-12

CHECK HERE IF MAKING CHANGES

City & State,
Miami FL.

City & State
Miami FL.

4. FEI Number **65-1085812**

Applied For
Not Applicable

Zip Country
33176 EEUU

Zip Country
33176 EEUU

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

**LEGUIA, HUMBERTO J
4810 NW 116 AVE
MIAMI FL 33178**

Name **Leguia, Humberto J**
Street Address (P.O. Box Number is Not Acceptable)

10768 SW 88 St. Apt. H-12

City **Miami FL** Zip Code **33176**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PTD GONZALS, CLAUDIA M**
STREET ADDRESS **4810 NW 116 AVE**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VSD LEGUIA, HUMBERTO J**
STREET ADDRESS **4810 NW 116 AVE**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-03

Date

Daytime Phone #

CR2E034 (10/02)