

2001 UNIFORM BUSINESS REPORT (UBR)

05-18-2001 90011 008 ***150.00
P92000011635

FILED

01 MAY 18 PM 4:01

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P92000011635
1. Entity Name
WORLD EXPORT GROUP, INC.

Principal Place of Business Mailing Address
12101 N.W. 98 AVE THE SAME
UNIT#4
HIALEAH GARDENS, FL. 33018

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number **65-0380678**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GUILLERMO RODRIGUEZ
141 N.W. 152 Ave
Pembroke Pines, Fl. 33028

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 *Guillermo Rodriguez*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing) (DATE)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution **\$5.00** Added to Fee

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUILLERMO RODRIGUEZ <input type="checkbox"/> Delete 141 NW.152 Ave PEMBROKE PINES FL. 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LUCELLY RODRIGUEZ <input type="checkbox"/> Delete 141N.W. 152 Ave PEMBROKE PINES, FL. 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete

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 12, as changed, or on an attachment, with an address with all other info empowered.
SIGNATURE *Guillermo Rodriguez* **04/24/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date