

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

FILED 05-02-2002 90120 018 ***150.00
P92000011635

02 MAY -9 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000011635

1. Entity Name

WORLD EXPORT GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12101 NW 98 Avenue

Suite, Apt. #, etc.

Unit # 4

City & State

Hialeah Gardens Fl.

Zip

Country

3. Mailing Address

THE SAME

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0380678

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name GUILLERMO RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)

141 NW 152 Avenue

City Pembroke Pines

FL

Zip Code
33028

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE DP
NAME RODRIGUEZ GUILLERMO
STREET ADDRESS 141 NW 152 Avenue
CITY-ST-ZIP Pembroke Pines, Fl. 33028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS
NAME RODRIGUEZ LUCELLY
STREET ADDRESS 141 NW 152 Avenue
CITY-ST-ZIP Pembroke Pines, Fl. 33028

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IN THIS SPACE**

[Handwritten Signature]
04/20/02

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/02

Date

Daytime Phone #

CR2E034B (12/01)