2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

DOCUMENT # P97000057050

Principal Place of Business Mailing Address 1437 SW FIRST WAY 1437 SW FIRST WAY DEERFIELD BCH FL 33441-6753 BCH FL 33441

FILED Aug 25, 2000 8:00 am Secretary of State UNITED EXPORT SERVICES, INC.

08-25-2000 90007 042 ***550.00



DATE

Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0764828 Applied For Not Applied
Zip	Country	Zip	- Country	5. Certificate of Status Desired
	6:-Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered Agent
			Name	
FORINO, PATRICIA				dress (P.O. Box Number is Not Acceptable)

DEERFIELD BCH FL 33441

2. Principal Place of Business

Street Address (P.O. Box Number is Not Acce	ptable)
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, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its intangible

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 「☐ Change Addition ☐ Delete TITLE TITLE FORINO, PATRICIA NAME NAME 1437 SW FIRST WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BCH FL 33441** ■ Addition Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 1.34 3.36 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 by 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 effective 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 13. I hereby certify that the indicated on this repo of the corporation or t changed, or on an att

SIGNATURE: