2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # FILED AMERICAN PRODUCT EXTORTERS, INC. 00 SEP 25 PM 12: 34 SECRETARY OF STATE TALLAHASSEE FLORIDA 9960 NW 5 LN MIAMI, FL. 33172 2. Principal Place of Business 3. Mailing Address 9960NW 5LN DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0810282 MIAMI Not Applicable MIAMI, P Country \$8.75 Additional 5. Certificate of Status Desired MIAMI-DADE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MICHAEL G. SCHNEIDER Street Address (P.O. Box Number is Not Acceptable) 9660 NW 5th LN MIAMI, PL. 33172 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Delete TITLE MICHAEL G. SCHNEIDER NAME NAME 9960 NW 5th LANE STREET ADDRESS STREET ADDRESS MIAMI, PL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME MARIA D. SCHNEDER NAME 400003416294--7 STREET ADDRESS 9960 NW 5th LN STREET ADDRESS <u>-10/06/00--01024--008</u> CITY-ST-ZIP MIAMI, PL. 33172 CITY-ST-ZIP TITLE Change ☐ Defete ****150.00 ****150.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP o/does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I hereby certify that the information supplied with this in indicated on this report or supply be all report is true. gnature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the rece ecute this repo

changed, or on an attachmy

SIGNATURE:

9-18-00 305-559-1187

(2/00)

American Product Exporters, Inc.

9960 NW 5 LN Miami, Fl 33172, USA Tel: (305) 559-1187 Fax: (305) 559-7017

Cell: (786) 525-8052

Email: amprodex@bellsouth.net

September 19, 2000

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

To Whom It May Concern:

The purpose of this letter is to request your consideration in accepting our check for \$150.00 as payment for the 2000 Annual Uniform Business Report being submitted herewith.

The basis for this request is that we never received the UBR form in time to make the above payment before May 1st, 2000, so we called the UBR request line (850-487-6056) to request a form to be mailed to us. Not having received the form after approximately a month or so, we called back and spoke with a customer service agent at (850) 487-6059 who instructed me to send in the completed UBR form, check for \$150.00 and the present letter of explanation.

Hoping that you will find our request acceptable, I remain

Yours truly,

Michael G. Schneider

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