

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91082 011 \*\*\*158.75

**DOCUMENT # 336751**

1. Entity Name  
**C.G.M.D.A. EXPORT CO.**



Principal Place of Business  
**2653-2663 N.W. 36TH ST.  
MIAMI FL 33142**

Mailing Address  
**E. ST. F-3  
HACIENDAS DEL MONTE  
COTO LAUREL PUERTO RICO 00780  
OC**

2. Principal Place of Business  
**CGMDA Export Co.**

3. Mailing Address

Suite, Apt. #, etc.  
**Marginal Baldorioty Esq**

Suite, Apt. #, etc.

City & State  
**Prof. ERNESTO Vigoreaux**

City & State

Zip  
**Santurce Puerto Rico**

Zip

Country

4. FEI Number **59-1222279**

Applied For  
Not Applicable

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

**ZAIAC, MANUEL  
100 SE SECOND AVENUE  
SUITE 2350  
MIAMI FL 33131**

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. 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  
NAME **PD CONWAY, JOHN** ☐ Delete  
STREET ADDRESS **E. ST F-3, HACIENDAS DEL MONTE**  
CITY-ST-ZIP **COTO LAUREL, PUERTO RICO 00780**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **S CONWAY, HANIA** ☐ Delete  
STREET ADDRESS **GARDEN HILL D-7 GARDEN MEADOW**  
CITY-ST-ZIP **GUAYNABO PR 00966**

TITLE  
NAME **CONWAY MARIA** ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **T CONWAY, CHARLES** ☐ Delete  
STREET ADDRESS **UR9-LA ARBOLEDA D-4 PINO DEL R18**  
CITY-ST-ZIP **GUAYNABO PR 00966**

TITLE  
NAME **La Arboleda D-4 Pino del Rio** ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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

Date

Daytime Phone #

CR2E034 (10/02)