

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 419574

1. Entity Name
P.S. EXPORT CO., INC.

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90001 016 ***150.00

0048100 AV

Principal Place of Business
TWO GROVE ISLE
SUITE 205
COCONUT GROVE FL 33133-4102
US

Mailing Address
TWO GROVE ISLE
SUITE 205
COCONUT GROVE FL 33133-4102
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7000 ISLAND BLVD
Suite, Apt. #, etc.
#1406
City & State
Aventura Fla
Zip
33160 Country
USA

3. Mailing Address
7000 ISLAND BLVD
Suite, Apt. #, etc.
#1406
City & State
Aventura Fla
Zip
33160 Country
USA

4. FEI Number **59-1498961** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SOMBERG REED B ESO
9130 S DADELAND BLVD DATRAN 2
PH1-C
MAIMI FL 33156

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 _____ (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) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD SAUNDERS, PHYLLIS TWO GROVE ISLE COCONUT GROVE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOMBERG, TODD B. TWO GROVE ISLE COCONUT GROVE FL	<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 IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000 ISLAND BLVD #1406 Aventura Fla 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000 ISLAND BLVD #1406 Aventura Fla 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Phyllis Saunders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-01 305 936 8663
Date Daytime Phone #

CR2E034 (5/01)

Attachment

A0080585

Doc. # 4195-74

July 30, 2001

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX #1500
TALLAHASSEE, L. 32302-1500

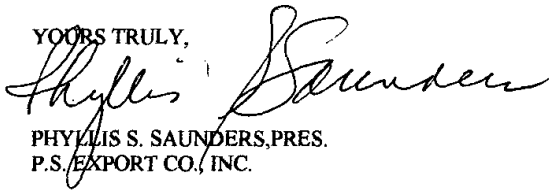
GENTLEMEN,

BECAUSE OF A CHANGE OF ADDRESS, I DID NOT RECEIVE THE FIRST NOTICE. THIS
NOTICE WAS RECEIVED SEVERAL DAYS AGO.

PLEASE ACCEPT MY CHECK FOR THE CORPORATE FEE FILING.

THANK YOU FOR YOUR KINDNESS.

YOURS TRULY,



PHYLLIS S. SAUNDERS, PRES.
P.S. EXPORT CO., INC.