

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 467901 (5) **AMENDED**  
Entity Name  
**RADA EXPORT CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUL 27 AM 9:58

Principal Place of Business Mailing Address  
8405 N.W. 53 ST. STE B-222 8405 NW 53 ST STE B222  
MIAMI FL 33166 MIAMI FL 33166

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1565538 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>PEREZ, LOUIS, JR</b> <b>8405 N.W. 53 ST., STE B-222</b> <b>MIAMI FL 33166-1516</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PDS PEREZ, LOUIS, JR. 11381 N.W. 52 ST MIAMI FL 33178		700003351457-14 -08/03/00-01103-003 *****61.25 *****61.25	
SDR PEREZ, LOUIS, JR. 11381 N.W. 52 ST., MIAMI, FL 33178	<input type="checkbox"/> Delete		
TREAS PEREZ, EVA 11381 N.W. 52 ST., MIAMI, FL 33178	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		

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.  
**LOUIS PEREZ JR PRESIDENT/SEC.DIRECTOR** 7/25/00 305 592 4908  
SIGNATURE: \_\_\_\_\_ Date Daytime Phone #  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR