

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90066 025 \*\*\*150.00

**DOCUMENT # 589701**

1. Entity Name

**EXPORT PENINSULAR CORP.**

Principal Place of Business

785 CRANDON BLVD  
#806  
KEY BISCAIYNE FL 33149  
US

Mailing Address

785 CRANDON BLVD.  
SUITE 806  
KEY BISCAIYNE FL 33149  
US

2. Principal Place of Business

3. Mailing Address

**785 CRANDON BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 806**

City & State

City & State

**Key Biscayne**

Zip

Country

Zip

Country

**FL**

**33149**

4. FEI Number

**59-1852424**

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

**MORALES, LUZ A**  
**17630 SW 4TH CT.**  
**PEMBROKE PINES FL 33029**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 \$150.00**  
**After MAY 1, 2001 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  
**CEO**  
**ECHEVERRI, FERNONDO** ☐ Delete  
**185 CRANDON BLVD #806**  
**KEY BISCAIYNE FL 33149**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO** ☒ Change ☐ Addition  
**ECHEVERRI, CESAR**  
**785 Crandon Blvd. Suite 806**  
**Key Biscayne FL 33149**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD** ☐ Delete  
**ECHEVERRI, CLARALUZ**  
**444 BRICKELL AVE SUITE 210**  
**MIAMI FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD** ☒ Change ☐ Addition  
**ECHEVERRI, CLARALUZ**  
**785 Crandon Blvd. Suite 806**  
**Key Biscayne FL 33149**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☐ Delete  
**ECHEVERRI, GERMAN**  
**444 BRICKELL AVENUE SUITE 210**  
**MIAMI FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☒ Change ☐ Addition  
**ECHEVERRI, German**  
**785 Crandon Blvd. Suite 806**  
**Key Biscayne FL 33149**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☐ Delete  
**ECHEVERRI, OLGA L**  
**785 CRANDON BLVD #806**  
**KEY BISCAIYNE FL 33149**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☒ Change ☐ Addition  
**Echeverri, OLGA**  
**785 crandon Blvd. suite 806**  
**Key Biscayne FL 33149**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD** ☐ Delete  
**MORALES, AMPARO**  
**444 BRICKELL AVENUE SUITE 210**  
**MIAMI FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD** ☒ Change ☐ Addition  
**MORALES, AMPARO**  
**785 Crandon Blvd. Suite 806**  
**Key Biscayne FL 33149**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**Echeverri, Fernando**  
**785 crandon Blvd. suite 806**  
**Key Biscayne - FL 33149**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0619157