2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

635546

1. Entity Name

EXPORTHER BONDED CORPORATION

1237 E .				Ŋ			
Principal Place of Business	i	Mailing Address		İ			
7335 N.W. 31ST STREET .MIAMI FL 33122-1240		P. O. BOX 52-3996 Miami F: 33152 US					
				1			
2. Principal Place of Business		3. Mailing Address		Ī			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		+			
Zip	Country	Zin	Country	Ť			

FILED Jul 08, 2002 8:00 am Secretary of State 07-08-2002 90227 024 ***550.00



NAME STREET ADDRESS CITY-ST-ZIP TITLE PDT RIVERO, JUAN C. STREET ADDRESS CITY-ST-ZIP TITLE PDT RIVERO, JUAN C. STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Suite, Apt.	pt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
Country Zip Country Zip Country 5. Certificate of Status Deered \$8.75 Additional Fee Required	City & Stat	te		City & State		+	4. FEI Number 59-1939237					
RIVERO, JORGE H. 7335 N.W. 31ST STREET MIAMI FL 33122-1240 6. 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 here obligations of registered agent agent agent. SIGNATURE Syname, typed or private rame of inspaced agent and like lapploute. MOTE Registered Agent significe required when refusible Date	Zip		Country	Zip	Countr		5. Certificate of Stat		Dertificate of Status Desired		\$8.75 Ac	dditional
RIVERO, JORGE H. 7335 N.W. 31ST STREET MIAMI FL 33122-1240 6. 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 here obligations of registered agent agent agent. SIGNATURE Syname, typed or private rame of inspaced agent and like lapploute. MOTE Registered Agent significe required when refusible Date		6. Name	and Address of Current F	Registered Agent		-	!	7. N	lame and Address of New I	Registered	Agent	
7335 N.W. 31ST STREET MIAMI FL 33122-1240 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. Tam lamiliar with, and accept the obligations of registered agent. SIGNATURE						Name			· ·			
MIAMI FL 33122-1240 City FL Zip Code 1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Speaker, hyped or priced rame of registered agent and stee (in applicable). (NOTE Registered Agent agenture required when retrolating). DATE SIGNATURE Speaker, hyped or priced rame of registered agent and stee (in applicable). (NOTE Registered Agent agenture required when retrolating). DATE FILE NOW!!! FEE! \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SITERT ADDRESS CITY-ST-ZIP TITLE NAME SITERT ADDRESS CITY-ST-ZIP TITLE NAME SITERT ADDRESS CITY-ST-ZIP TITLE NAME SITERT ADDRESS CITY-ST-ZIP Delete TITLE NAME SITERT ADDRESS CITY-ST-ZIP Delete NAME SITERT ADDRESS CITY-ST-ZIP TITLE NAME SITERT ADDRESS CITY-ST-ZIP Delete NAME SITERT ADDRESS CITY-ST-ZIP Delete NAME SITERT ADDRESS CITY-ST-ZIP Delete NAME SITERT ADDRESS CITY-ST-ZIP TITLE NAME SITERT ADDRESS CITY-ST-ZIP Delete NAME SITERT ADDRESS CITY-ST-ZIP TITLE NAME SITERT ADDRESS CITY-ST-ZIP Delete NAME SITERT AD					Street Ac	Idress (F	.O. B	lox Number is Not Acceptab	e)			
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			•									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed rune of explatered agent and 86s if applicable. NOTE Registered Agent agenture expliced when evaluating: DATE TITLE CONDITIONS SIGNATURE TITLE CONDITIONS SI	INITAMI LE	33122-124	U						******			
Bissander Delegations of registered agent. Signature Signatur						City	i I			FI	L Zip Cod	de
SIGNATURE Signat				the purpose of changing its	register	red office or	registere	d ag	ent, or both, in the State of F	orida. I an	n familiar with	, and accept
Signature, typed or printed ramore frequiend abert and abert is population. (NOTE-Repaisment Agents agents agents required when vibrationally in the population is eligible to satisfy its intangible Title NOW!!! FEE IS \$550.00	trie obligat	lions or regisi	ered agent.				i					
Signature, typed or printed ramore frequiend abert and abert is population. (NOTE-Repaisment Agents agents agents required when vibrationally in the population is eligible to satisfy its intangible Title NOW!!! FEE IS \$550.00	SIGNATURE									<u> </u>	ϵ_{i}^{i}	•
After September 13, 2002 Fee will be \$750.00 (See criteria on back)		Signature, typed	or printed name of registered agent at	nd title if applicable. (NOT	E: Register	ed Agent signatu	e required v	when re	instating)	DATE		
TITLE MAMÉ CALLE MAME CITY-ST-ZIP	Tax filing r	requirement a	and elects to do so.	FILE NOW	3, 2002	Fee will be	\$750.0					
NAME STREET ADDRESS CITY-ST-ZIP TITLE PDT RIVERO, JUAN C. STREET ADDRESS CITY-ST-ZIP TITLE PDT RIVERO, JUAN C. STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ST	11.		OFFICERS AND E	DIRECTORS	12.		i	AD	DITIONS/CHANGES TO OF	ICERS AN	D DIRECTOR	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP TITLE CM RIVERO, JUAN C. 2555 COLLINS AVE #2206 MIAMI BCH FL 33140 TITLE RIVERO, JORGE H SR STREET ADDRESS CITY-ST-ZIP TITLE NAME 2555 COLLINS AVENUE, #2206 MIAMI BEACH FL 33140 TITLE NAME 2555 COLLINS AVENUE, #2206 MIAMI BEACH FL 33140 TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME COLOR STREET ADDRESS	RIVERO, 4 2555 COL	LINS AVENUE, #2206		NAM STR	ME EET ADDRESS	:	•			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME NAME TITLE NAME NAME TITLE NAME NAME TITLE NAME	NAME STREET ADDRESS	RIVERO, 3 2555 COL	LINS AVE #2206	☐ Delete	NAM Stri	ME EET ADDRESS	******				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME TITLE NAME NAME	NAME STREET ADDRESS	RIVERO, 0 2555 COL	LINS AVENUE, #2206	→ Delete	NAM STRI	ME EET ADDRESS					Change Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME STREET ADDRESS			☐ Delete	NAM STRI	IE EET ADDRESS					☐ Change	Addition
NAME NAME	NAME STREET ADDRESS			☐ Delete	nam Stri	IE EET ADDRESS					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP	certify that the	e information supplied with t		NAM STRI CITY	IE EET ADDRESS '-ST-ZIP	d in Sec	tion 1	(19.07(3)(i) Florida Statutos	further ce		Addition

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.