2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92204 012 ***150.00

DOCUMENT # 662768

1. Entity Name
OKEECHOBEE EXPORT CORPORATION

Principal Place of Business	Mailing Address
2725 ARBORWOOD ROAD DAVIE, FL 33328	P.O. BOX 290130 DAVIE, FL 33329-0130

2. Principal Place of Business		3. Mailing Address	
6352 N.W. 173 street		6352 N.W.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 173rd street	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33015	Country USA	Zip 33015	Country U.S.A.

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2037517** ☐ 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
BATARSE, JOSE ENRIQUE 2725 ARBORWOOD ROAD DAVIE, FL 33328	Name Jose Enrique Batarse Street Address (P.O. Box Number Is Not Acceptable) 6352 N.W. 173rd street City miami **FL** Zip Code 33015

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 STREET ADDRESS CITY-ST-ZIP	PS BATARSE, JOSE ENRIQUE 2725 ARBORWOOD ROAD DAVIE, FL 33328 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Batarse, Jose Enrique 6352 N.W. 173rd street miami, Florida 33015 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: (Jose Enrique Batarse-President) April 30, 2003 (305)557-5603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #