

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90238 035 ***150.00

UNIFORM
 AT

DOCUMENT # F00000004925
 1. Entity Name
ORICA EXPORT INC.

Principal Place of Business Mailing Address
15500 NEW BARN ROAD, SUITE 104 **15500 NEW BARN ROAD, SUITE 104**
MIAMI LAKES FL 33014 **MIAMI LAKES FL 33014**

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

4. FEI Number Applied For
75-1586200 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	D <input type="checkbox"/> Delete
NAME	DARIVAS, ARTHUR
STREET ADDRESS	AVDA PROVIDENCIA 2286 PISO 2
CITY-ST-ZIP	SANTIAGO, CHILE
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MILLER, JOHN LESLIE
STREET ADDRESS	AVDA PROVIDENCIA 2286 PISO 2
CITY-ST-ZIP	SANTIAGO, CHILE
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	TAYLOR, DAVID PHILIP
STREET ADDRESS	9781 S. MERIDIAN BLVD. 4TH FLOOR
CITY-ST-ZIP	ENGLEWOOD CO 80112
TITLE	DP <input type="checkbox"/> Delete
NAME	LAFRATTA, SERGIO LUIS
STREET ADDRESS	15500 NEW BARN ROAD, SUITE 104
CITY-ST-ZIP	MIAMI CITY FL 33014
TITLE	DP <input type="checkbox"/> Delete
NAME	THEREZO MENIN, MARCO ANTONIO
STREET ADDRESS	15500 NEW BARN ROAD, SUITE 104
CITY-ST-ZIP	MIAMI CITY FL 33014
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	BRIMM, JOHN WESLEY JR
STREET ADDRESS	3051 PORT & HARBOR DRIVE
CITY-ST-ZIP	BAY ST. LOUIS MS 39520

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARIVAS, ARTHUR
STREET ADDRESS	33101 E. QUINCY AV.
CITY-ST-ZIP	WATKINS CO 80137
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNTER, CHRISTOPHER J
STREET ADDRESS	AVDA PROVIDENCIA 2286 PISO 2
CITY-ST-ZIP	SANTIAGO, CHILE
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRINKER, DONALD O.
STREET ADDRESS	33101 E. QUINCY AV.
CITY-ST-ZIP	WATKINS, CO 80137
TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFRATTA, SERGIO LUIS
STREET ADDRESS	33101 E. QUINCY AV.
CITY-ST-ZIP	WATKINS, CO 80137
TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEREZO MENIN, MARCO ANTONIO
STREET ADDRESS	PROL. FERTILIZANTES 1800, COL. INDUSTRIAL
CITY-ST-ZIP	MONCLOVA, COAHUILA, MEXICO CP 25760
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: MARCO ANTONIO THEREZO MENIN Date: 02/14/02 Daytime Phone #: 303-268-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)