


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92204 011 \*\*\*150.00

**DOCUMENT # F29607**

1. Entity Name  
**ARIEL EXPORTS, INC.**



Principal Place of Business  
2725 ARBORWOOD RD  
DAVIE, FL 33328 US

Mailing Address  
PO BOX 290130  
DAVIE, FL 33329-130 US



2. Principal Place of Business  
6352 N.W. 173 street  
Suite, Apt. #, etc.  
Miami, Florida

3. Mailing Address  
6352 N.W.  
173<sup>rd</sup> street  
City & State  
Miami, Florida

CHECK HERE IF MAKING CHANGES

City & State  
33015

Zip  
33015

Country  
USA

4. FEI Number  
**59-2091391**

Applied For  
 Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

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

BATARSE, JOSE ENRIQUE  
2725 ARBORWOOD ROAD  
MIAMI, FL 33128

7. Name and Address of New Registered Agent

Name  
Jose Enrique Batarse

Street Address (P.O. Box Number is Not Acceptable)  
6352 N.W. 173<sup>rd</sup> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)

FILE NOW WITH FEE IS \$150.00  
After May 1, 2003 Fee will be \$50.00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATARSE, JOSE ENRIQUE 2725 ARBORWOOD RD DAVIE, FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Batarse, Jose Enrique 6352 N.W. 173 street miami, FL. 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 507, 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:** \_\_\_\_\_ **DATE:** April 30, 2003 (305) 557-5603  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)