## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 18, 2000 8:00 am Secretary of State DOCUMENT # F9500002547 1. Entity Name EXPORT AND BUSINESS SERVICES INC. 09-18-2000 90015 003 \*\*\*558.75 Principal Place of Business Mailing Address 13621 SW 109 ST 13621 SW 109 ST MIAMI FL 33186 MIAMI FL 33186 414000 us 2. Principal Place of Business 3. Mailing Address 13701 N. Kendall Dr. 13701 N. Kendall Dr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Ste 306 Ste 306 City & State City & State 4. FEI Number Applied For 65-0566545 Not Applicable Miami, Miami, Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 33186 33186 USA Fee Required USA. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERNANDEZ, MARIA L Street Address (P.O. Box Number is Not Acceptable) 13621 S.W. 109 ST. MIAMI FL 33186 Zip Code rpose of changing registered office or registered agent, or both, in the State of Florida. 8. The above harved entity submits this st 09/05/00 <del>M</del>aria Luisa Fernandez SIGNATURE (NOTE: Registered Agent signature required when reinstating) ₩ applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TIT! F ☐ Delete TITLE D Change ☐ Addition FERNANDEZ. MARIA L NAME NAME Fernandez, Maria L. STREET ADDRESS 13621 SW 109th St. STREET ADDRESS 13621 S.W. 109 ST. CITY-ST-ZIP CITY-ST-ZIP 33186 MIAMI FL 33186 Miami, FL P/D ☐ Addition ☐ Delete TITLE X Change TITI F Barros, Pedro A. BARROS, PEDRO A NAME NAME 13621 SW 109th St. STREET ADDRESS STREET ADDRESS 13621 S.W. 109 ST. Miami, FL 33186 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 X Change ☐ Addition ☐ Delete TITLE TITLE **BOON, DAVID** Boon, David NAME NAME 10110 E. Calusa Club Dr. STREET ADDRESS 16117 WHITE OAKS DR. STREET ADDRESS Miami, FL CITY-ST-ZIP 33186 CITY-ST-ZIP LAKE OSWEGO OR 97035 Change Addition ☐ Delete TITLE TITLE NAME Boon, Susan NAME STREET ADDRESS 10110 E. Calusa Club Dr. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33186 TITLE ☐ Delete TITLE Change ☐ Addition -NAME NAME

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 trostee 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Maria Lu

☐ Delete

Maria Luisa Fernandez, Director 09/05/00

Daytime Phone #

305) 382-2112

☐ Change

☐ Addition