2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 24, 2000 8:00 am Secretary of State DOCUMENT # F9700000100 U.S.A. EXPORT AND IMPORT, INC. 01-24-2000 90080 048 ***150.00 Mailing Address Principal Place of Business 1543 ESTANCIA CIRCLE 1543 ESTANCIA CIRCLE 00003853 WESTON FL 33327-1755 WESTON FL 33327 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 04-3268703 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, MARCIAL J Street Address (P.O. Box Number is Not Acceptable) 1543 ESTANCIA CIRCLE WESTON FL 33327 City Zip Code FL 8. The above named entity submits this state part of the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATUE DATE title if applicable. (NOTE: Registered Agent signature required when reinstating) -- FILE-NOW!!! FEE.IS-\$150.00 --9. This corporation is eligible to satisfy its Intangible -10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition **PCS** Change ☐ Delete TITLE PEREZ, MARCIAL J NAME 1543 ESTANCIA CIRCLE STREET ADDRESS STREET ADDRESS WESTON FL 33321 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change NAME 1543 Estancia circle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Recional Manager for perocudchile TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Recional Manager Biraz TITLE ☐ Change Addition TITLE UNAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 triffstee 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 and supplied the empowered.

HONING OFFICER OR DIRECTOR

Date

Daytime Phone #

IGNATURE AND TYPED OR KRINTED NAME OF

FILED