

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90881 019 \*\*\*150.00

DOCUMENT # F970000000100

1. Entity Name

U.S.A Export and Import, Inc. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1543 Estancia Cir

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston FL

City & State

4. FEI Number

043268703

Applied For

Not Applicable

Zip

Country

Zip

Country

33327

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 NAME STREET ADDRESS CITY-ST-ZIP	Pes Perez Marcial J 1543 Estancia Circle Weston FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rosibel Perez V. President 1543 Estancia Circle Weston FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Regional Manager for Peru / Chile Marcial J Perez 1543 Estancia Circle Weston FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Regional Manager Brazil / Argentina 1543 Estancia Circle Weston FL 33327
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/18/2002

954-349-2847