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



## FILED Mar 05, 2003 8:00 am §

DOCUMENT # K46985  1. Entity Name CONCORDE EXPORTS, INC.					03-05-2003 90086 021 ***150.00		
Principal Place of Business 8475 NW 66 ST MIAMI FL 33166 US		Mailing Address 8475 NW 66 ST MIAMI FL 33166 US					
2. Principal	Place of Business	3. Mailing Address			1 - LI DEFIDIRI DILI DEGLIO PRIMA REPER CALCUL ARVI DIRDIX BIRRIX BIRRIX BIRRIX BIRRIX BIRRIX BIRRIX GARRIX CALCUL TARRIX Tarrix		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 65-0084747 Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent		
			Name	Name			
SCHEER, LESLIE ALAN P.A. 1865 BRICKELL AVE A207		Street A	Address (P.O. Box Number is Not Acceptable)				
A207	-						
MIAMI FL 33129			City	City FL Zip Code			
the obliga SIGNATURE F	Signature, typed or printed name of registered agent  FILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00	and title if applicable. (NO	s registered office or  TE: Registered Agent signatu		when reinstating)  DATE  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees		
	k Payable to Florida Department of						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERRIENO, ESTEBAN 8475 NW 66 ST MIAMI FL 33166	DIRECTORS	11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	847	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  PRRANCE STEBAN  Change Addition  AND LOS STEBAN  AND LOS ST		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAREJA, ESTEBAN 4699 NW 66 STREET MIAMI FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, FERNANDO 8475 NW 66 ST MIAMI FL 33166	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE Name Street address City-St-Zip	S WINONES, DIEGO 8475 NW 66 ST MIAMI FL 33166	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	5 <b>()</b>	OUIND WES, DIE To Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition .		

12. 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 frue 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 trusted en powered to expecte this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all enter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR