

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 31 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0002919 AF

DOCUMENT # L95000000135

1. Entity Name  
U.S. KOLON EXPORT LIMITED COMPANY

Principal Place of Business  
7400 NW 7 ST., #105  
MIAMI FL 33126

Mailing Address  
7400 NW 7 ST., #105  
MIAMI FL 33126-2943

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0556629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

my 4/12



## 6. Name and Address of Current Registered Agent

SAMAAN, GEORGE  
7400 NW 7 ST., #105  
MIAMI FL 33126

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*George Samaan*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/2000

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGR SAMAAN, GEORGE ☐ Delete  
STREET ADDRESS 7400 NW 7 ST., #105  
CITY-ST-ZIP MIAMI FL 33126

TITLE NAME MGR PRADO, FRANCISCO S ☐ Delete  
STREET ADDRESS 7400 NW 7 ST., #105  
CITY-ST-ZIP MIAMI FL 33126

TITLE NAME MGRM... ABOUD, ABDUL ☐ Delete  
STREET ADDRESS 7400 NW 7 ST., #105  
CITY-ST-ZIP MIAMI FL 33126

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003208223--9  
CITY-ST-ZIP -04/13/00--01122--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*George Samaan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/27/2000

Date

Daytime Phone #

(305)265-0440

CR2E083 (9/99)