

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90006 047 \*\*\*550.00

**DOCUMENT # P00000093670**

1. Entity Name

**HARD EXPORT, CORP.**

Principal Place of Business

**4015 INDIAN CREEK #102  
 MIAMI BEACH FL 33140**

Mailing Address

**4015 INDIAN CREEK #102  
 MIAMI BEACH FL 33140**

2. Principal Place of Business

**8290 LAKE DR.**

3. Mailing Address

**8250 LAKE DR.**

Suite, Apt. #, etc.

**342**

Suite, Apt. #, etc.

**342**

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

Zip

**33166**

Country

**USA**

Zip

**33166**

Country

**USA**

4. FEI Number

**65-1070030**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**E & V GREAT PROFESSIONAL, INC.  
 5545 SW 8 ST STE 107  
 MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name

**MILLENNIA CONSULTING SERVICES, INC**

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

**20630 BISCAYNE BLVD**

City

**AVENTURA**

**FL**

Zip Code  
**33180**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**08/27/01**

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

**FILE NOW!!! FEE IS \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 **PD** ☐ Delete  
 NAME **ALVES ROS, JOSE ALBERTO**  
 STREET ADDRESS **4015 INDIAN CREEK #102**  
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **8290 LAKE DR.**  
 STREET ADDRESS **# 342**  
 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

13. I hereby certify that the information supplied in 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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/27/01 (305) 6821651**

Date

Daytime Phone #

CR2E034 (5/01)