

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000098537**1. Entity Name
ONLY EXPORTATION CORPORATIONPrincipal Place of Business
13225 NW 4TH TERRACE
MIAMI FL 33182Mailing Address
13225 NW 4TH TERRACE
MIAMI FL 33182

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 ☒ Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCERVANTES ALEXANDER
13225 NW 4TH TERRACE
MIAMI FL 33182**7. Name and Address of New Registered Agent**Name
TALLON JAIME S
Street Address (P.O. Box Number is Not Acceptable)
13225 NW 4TH TERRACE
City MIAMI FL Zip Code 33182

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 **JAIME S. TALLON****01/17/2001**

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) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE VD ☐ Delete
NAME TALLON JAIME S
STREET ADDRESS 13225 NW 4TH TERRACE
CITY-ST-ZIP MIAMI FL 33182TITLE PD ☒ Delete
NAME CERVANTES ALEXANDER
STREET ADDRESS 13225 NW 4TH TERRACE
CITY-ST-ZIP MIAMI FL 33182TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PD ☒ Change ☐ Addition
NAME TALLON JAIME S
STREET ADDRESS 13225 NW 4TH TERRACE
CITY-ST-ZIP MIAMI FL 33182TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: JAIME S TALLON

PD

01/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)