

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112261

1. Entity Name

EXINLAT EXPORT INTERNACIONAL LATINOAMERICA, INC.

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90048 025 ***150.00

Principal Place of Business

14036 SW 90 AVE #AA104
MIAMI FL 33176

Mailing Address

14036 SW 90 AVE #AA104
MIAMI FL 33176

2. Principal Place of Business

13757 SW 90 Ave

3. Mailing Address

Same as 2

Suite, Apt. #, etc.

S101

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33176

Country

USA

Country

4. FEI Number

05-1061959

Applied For

Not Applicable

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

Martinez Perez Karina del V.

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

13757 SW 90 Ave # S101

City

Miami

FL

Zip Code

33176

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]
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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ PEREZ, KARINA DEL V		NAME	Martinez Perez Karina del V.
STREET ADDRESS	14036 SW 90 AVE #AA104		STREET ADDRESS	13757 SW 90 Ave # S 101
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP	Miami FL 33176
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSCAN, MARIANELA		NAME	Boscan Marianela
STREET ADDRESS	14036 SW 90 AVE #AA104		STREET ADDRESS	13757 SW 90 Ave # S 101
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP	Miami FL 33176
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, LUIS ENRIQUE		NAME	Martinez Luis Enrique
STREET ADDRESS	14036 SW 90 AVE #AA104		STREET ADDRESS	13757 SW 90 Ave # S 101
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP	Miami FL 33176
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)