

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90179 039 ***150.00

DOCUMENT # P01000014315

1. Entity Name
WEST INDIES EXPORT INC.



Principal Place of Business
SUNSET OFFICE PARK
9370 SUNSET DR. STE A-100
MIAMI FL 33173

Mailing Address
SUNSET OFFICE PARK
9370 SUNSET DR. STE A-100
MIAMI FL 33173

2. Principal Place of Business
5201 Blue Lagoon Drive

3. Mailing Address
5201 Blue Lagoon Dr.

Suite, Apt. #, etc.
SUITE 100

Suite, Apt. #, etc.
SUITE 100

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33186

Country
USA

Zip
33186

Country
USA

4. FEI Number
33-1026516 **APPLIED FOR**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PONG, MARTIN E
SUNSET OFFICE PARK
9370 SUNSET DR. STE A-100
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name
ANGEL ARMAS, ESS.
Street Address (P.O. Box Number is Not Acceptable)
11620 S.W. 121ST AVE
MIAMI, FL
City **MIAMI** FL Zip Code **33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

ANGEL ARMAS, ESS.
(NOTE: Registered Agent signature required when reinstating)

3/13/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PONG, MARTIN E
STREET ADDRESS	9370 SUNSET DR. STE A-100
CITY-ST-ZIP	MIAMI FL 33173
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P, S + T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernando Garcia
STREET ADDRESS	Apartado Postal 1181
CITY-ST-ZIP	Santo Domingo, Republica Dominicana
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angel Armas
STREET ADDRESS	11620 S.W. 121st Ave
CITY-ST-ZIP	Miami, FL 33186
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Vice-President** **3/13/03** **(305) 351-1075**
Daytime Phone #

CR2E034 (10/02)