FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 25 PM 3:10

DOCUMENT # P01000031559

1. Entity Name

C.M.R.I. Export, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-04

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4851 SW 75 Ave.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33155 Country: US	Zip Country

4. FEI Number 20-1281173 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Nancy B. Mendez

Street Address (P.O. Box Number is Not Acceptable): 4851 SW 75 Ave.

City: Miami FL Zip Code: 33155

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: x Nancy Mendez
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 P NAME Nancy B. Mendez STREET ADDRESS 4851 SW 75 Ave CITY-ST-ZIP Miami, Fl 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP 500038427345 06/29/04--01064--012 **450.00
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ Nancy Mendez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2002, 2003, 2004 or any other notice from the Division of Corporations in respect with the Corporation **C.M.R.I. EXPORT, INC.**

Thank you for your courtesy in this matter.

NANCY B MENDEZ
PRESIDENT