## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P02000018460 **DOCUMENT #**

1. Entity Name

EXPORT CONSULTING GROUP, INC.



**FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90281 049 \*\*\*150.00

19768 EAST COUTRY CLUB DRIVE AVENTURA FL 33180	Mailing Address 19768 EAST COUTRY C AVENTURA FL 33180	LUB DRIVE	
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State	City & State		4. FEI Number Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent
ADIZOT: 4		Name	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR		Street Addres	ss (P.O. Box Number is Not Acceptable)
MIAMI FL 33145		City	FL Zip Code
The above named entity submits this statement the obligations of registered agent.  SIGNATURE	nt for the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered ag	gent and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.0 Make Check Payable to Florida Departmen	t of State		9. Election Campaign Financing \$5.00 May Be Added to Fees
	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME PSTD YAHR, MARC H STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33180	□ Delete PRIVE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
FITLE NAME STREET ADDRESS CITY-ST-ZIP -	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TILE  AME  TREET ADDRESS  ITY-ST-ZIP  2. I hereby certify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

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

SIGNATURE:

SIGN/TURE RE