

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P27162**

1. Entity Name

**WEST INDIES EXPORT S.A. CORPORATION****FILED****May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90014 029 \*\*\*150.00

Principal Place of Business

9370 SUNSET DRIVE  
A-100  
MIAMI FL 33173  
US

Mailing Address

9370 SUNSET DRIVE  
A-100  
MIAMI FL 33173-5450  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

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

PONS, MARTIN E.  
9370 SUNSET DRIVE  
SUITE A-100  
MIAMI FL 33173

Name

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

City

**FL**

Zip Code

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, 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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD	ABREGO, JOSE	BANCO UNION BLDG., 6TH FL PANAMA CITY PANAMA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VD	BERMUDEZ, FRANCISCO M.	BANCO UNION BLDG., 6TH FL PANAMA CITY PANAMA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SD	CONTRERAS, LILIA BAKER	BANCO UNION BLDG., 6TH FL PANAMA CITY PANAMA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	DORADO, RICARDO	BANCO UNION BLDG., 6TH FL PANAMA CITY PANAMA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	AS	PONS, MARTIN E.	8460 N. KENDALL DR. MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 305-275-7071