

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000010004

1. Entity Name  
EXPORTECH INTERNATIONAL TRADING CORP.

Principal Place of Business  
2801 NW 74 AVENUE  
206  
MIAMI FL 33122

Mailing Address  
2801 NW 74 AVENUE  
206  
MIAMI FL 33122

2. Principal Place of Business  
8000 N.W. 31 Street  
Suite, Apt. #, etc.  
Suite #7

3. Mailing Address  
8000 N.W. 31 Street  
Suite, Apt. #, etc.  
Suite #7

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33122

Country  
U.S.A.

Zip  
33122

Country  
U.S.A.

4. FEI Number 65-0378253

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

TRUJILLO, JUAN  
5348 NW 113 PLACE  
MIAMI FL 33178

## 7. Name and Address of New Registered Agent

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

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, 2002 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
TRUJILLO, JUAN  
5348 NW 113 PLACE  
MIAMI FL 33178 ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/7/02 305-593-2568

FILED  
Jan 14, 2002 8:00 am  
Secretary of State

01-14-2002 90055 023 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)