

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

05-02-2002 90120 018 \*\*\*150.00  
P92000011635

DOCUMENT # P92000011635

1. Entity Name

WORLD EXPORT GROUP, INC.

02 MAY -9 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12101 NW 98 Avenue

Suite, Apt. #, etc.

Unit # 4

City & State

Hialeah Gardens Fl.

Zip

Country

3. Mailing Address

THE SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0380678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name GUILLERMO RODRIGUEZ

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

141 NW 152 Avenue

City Pembroke Pines

FL

Zip Code  
33028

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 DP  
NAME RODRIGUEZ GUILLERMO  
STREET ADDRESS 141 NW 152 Avenue  
CITY-ST-ZIP Pembroke Pines, Fl. 33028

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS  
NAME RODRIGUEZ LUCELLY  
STREET ADDRESS 141 NW 152 Avenue  
CITY-ST-ZIP Pembroke Pines, Fl. 33028

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05/15

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/02

Date

Daytime Phone #

CR2E034B (12/01)