CR2E034 (9/01)

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 11, 2002 8:00 am Secretary of State P93000012265 DOCUMENT # 1. Entity Name 04-11-2002 90699 032 ***150 00 CITY EXPORT, INC. Principal Place of Business Mailing Address * O O O 1285 W. 78TH TERR. 1285 W. 78TH TERR. HIALEAH FL 33014 HIALEAH FL 33014 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0387759 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name-GONZALEZ, FRANK Street Address (P.O. Box Number is Not Acceptable) 1285 W.478TH TERR. HIALEAH FL 33014 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 1. Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Change TITLE ☐ Delete GONZALEZ, FRANK NAME NAME STREET ADDRESS 1285 W. 78TH TERR STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33014 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP n Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my sign of the corporation or the receiver or trustee empowered to execute this report as rechanged, or on an attachment with an address, with all other like exposwfred. ated nature s have