Daytime Phone #

## 2002 Uniform Business Report (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 01, 2002 8:00 am Secretary of State P93000017034 DOCUMENT # 1. Entity Name 04-01-2002 90636 040 \*\*\*150 00 INTERNATIONAL EXPORT FINANCE & MARKETING CORPORA TION Principal Place of Business Mailing Address 40 10TH AVENUE 40 10TH AVENUE HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address 1080 East 8th Ave 1080 East 8th Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0377947 4ia lea Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required= 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hugo GARCIA, HUGO R Street Address (P.O. Box Number is Not Acceptable) 40 10TH AVENUE HIALEAH FL 33010 Zip Code OI O 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01 Gailia, Hugo R 1080 East 8th Avenue GARCIA, HUGO R NAME NAME **40 10TH AVENUE** STREET ADDRESS STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 🖚 💷 Delete 🕆 HTIE≃ -- Change ---- Addition-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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