

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P-93000020894

1. Entity Name

HUDSON EXPORT & TRADING CORP.

Principal Place of Business
DIANA C. RISHMAWY
5301 N.W. 72 AVENUE
MIAMI FL 33166

Mailing Address
5301 N.W. 72 AVENUE
MIAMI FL 33166

US

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90115 017 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0416178

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RISHMAWY, DIANA
5301 N.W. 72nd.AVE.
MIAMI FL 33166

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 of the person named in the address above

(NOTE: Registered Agent signature required when re-stating)

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, 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 D
NAME RISHMAWY, DIANA C. ☐ Delete
STREET ADDRESS 5459 N.W. 72nd.AVE.
CITY-ST-ZIP MIAMI, FL 33166

TITLE VP
NAME RISHMAWY, GERARDO ☐ Delete
STREET ADDRESS 5459 N.W. 72nd.AVE.
CITY-ST-ZIP MIAMI, FL 33166

TITLE S
NAME RISHMAWY, ALBERT ☐ Delete
STREET ADDRESS 5459 N.W. 72nd.AVE.
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(a), 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 to this address, with another like empowered.

SIGNATURE: Diana C. Rishmaw Diana C. Rishmaw 4/15/02 305-858-6082