2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P94000020651 1. Entity Name FILED FLORIDA EXPORT SUPPLIERS CORP. 03 JUL 23 PM 12: 52 Principal Place of Business Mailing Address SECRETARY OF STATE 10912 5W 135 PL 10912 SW 135 PL MIAMI, FL 33186 US MIAMI, FL 33186 TALLAHASSEE, FLORIÐA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0481889 Not Applicable Zlp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUR. EDUARDO F 10912 SW 135 PL. Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33186 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and life & applicable (NOTE: Recistered Agent Signature required when reinstating) DATE FILE NOW!!! FEE IS \$160.00. After May 1: 2003 Fee will be \$550.00. Amended UBR IS \$61.25. Check Palable to Flyrida Department of State \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Chaunge Addition CR2E034 (10/02) TIDE ☐ Delete TITLE 400022369884 MUR. EDUARDO F NAME NAME 08/18/03--01005--029 \*\*600.00 12349 SW 132 CT. STREET ADDRESS STREET ADDRESS MIAMI, FL CITY-ST-ZP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE ST MUR, ANA M NAME NAME 12349 SW 132 CT. STREET ADDRESS STREET ADDRESS MIAMI, FL CITY-ST-ZIP CITY-ST-ZP TITLE Delete TITLE ☐ Chrange ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THIE TITLE ☐ Delete Chenne Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP THLE Delete TRIF Chenge Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSY-ST-ZIP 12. I hereby certify that the information supplied with this filing goes not qualify for the exemption stated in Section 119.07(3)(1), 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 by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address. er like ampowered. SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR

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Cavtime Phone #

## FLORIDA EXPORT SUPPLIERS CORP. FESCO, INC.

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

EBUARDO MUR PRESIDENT