## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT #

1. Entity Name WHITE LION EXPORT. INC.

P94000033331



Princip	oa i i	race (	or Busine
12705	SW	77TH	COURT
MALE	FI	33156	

Suite, Apt. #, etc.

Mailing Address 12705 SW 77TH COURT

MIAMI FL 33156

Suite, Apt. #, etc.

2. Principal Place of Business	3. Mailing Address

FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90221 007 \*\*\*150.00

☐ CHECK HERE IF MAKING CHANG
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City & State		City & State		4. FEI Number 65-0489719				Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of S	Status Desired	1 1	<b>\$8.75</b> Fee Req	Additional uired
6. Name and Address of Current Registered Agent				7 Name and Ad	dress of New Red	sistered (	dent		

BIALILEW, SAUL 12705 S.W. 77 CT MIAMI FL 33156

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

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

4-23-03

Signature, typed or printed name of registered agent and title if applicable

Name \_\_\_\_

City

Zip Code

FILE NOW!!! 'FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BIALILEW, SAUL NAME NAME C/O 12705 SW 77TH COURT STREET ADDRESS STREET ADDRESS MIAMI FL 39156 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.