

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092915

1. Entity Name

US EXPORT TRADING, INC.

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90054 034 ***150.00

Principal Place of Business

Mailing Address

~~720 NORTH DIXIE HWY~~

~~720 NORTH DIXIE HWY~~

~~#704~~

~~#704~~

~~LANTANA FL 33462~~

~~LAKE WORTH FL 33462-1851~~

~~US~~

~~US~~

2. Principal Place of Business

3. Mailing Address

1316 SANDPIPER LN.

1316 SANDPIPER LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LANTANA, FL

City & State

LANTANA FL

Zip

33462

Country

USA

Zip

33462

Country

USA

4. FEI Number

65-0549500

Applied For

Not Applicable

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

Name

ARI HIRVONEN

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

1316 SANDPIPER LN.

City

LANTANA

FL

Zip Code

33462

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]

Ari Hirvonen

4-24-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KORKIAKOSKI, JARI	
STREET ADDRESS	720 NORTH DIXIE HWY. #704	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARI HIRVONEN	
STREET ADDRESS	1316 SANDPIPER LN.	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-2000

561-596

1350