

# 2001. UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

06-05-2001 90028 038 \*\*\*150.00

00057563

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P97-000023866</b>			
1. Entity Name <b>EXPORT-AMERICA COMPANY</b>			
Principal Place of Business <b>1172 South Dixie Highway Suite 237 Coral Gables Florida 33146-2918</b>		Mailing Address	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>Rodriguez Maria Carolina 1172 South Dixie Highway Ste. 237 Coral Gables Fl. 33146</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP <b>Maria Carolina Rodriguez 1172 S.Dixie Hwy Ste.237 PSTD Coral Gables Fl. 33146</b>		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP <b>Michael Martinez 1172 S.Dixie Hwy Ste 237 D Coral Gables Fl. 33146</b>		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 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

5/18/01 (305) 408 9193

CR2E034 (10/00)