

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90148 009 ***150.00

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1. Entity Name
EXPORT-AMERICA COMPANY



Principal Place of Business
**8201 NW 64TH STREET
SUITE 5
MIAMI FL 33166**

Mailing Address
**8201 NW 64TH STREET
SUITE 5
MIAMI FL 33166**

2. Principal Place of Business
14367 SW 97 Lane
Suite, Apt. #, etc.

3. Mailing Address
14367 SW 97 Lane
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **65-0737379**

Applied For
Not Applicable

Zip
33186

Country
USA

Zip
33186

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, MARIA CAROLINA
1172 SOUTH DIXIE HIGHWAY, SUITE 237
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name **RODRIGUEZ, MARIA CAROLINA**
Street Address (P.O. Box Number is Not Acceptable)
14367 SW 97 LANE
City **MIAMI** FL **33186**

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 **MARIA CAROLINA RODRIGUEZ**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-21-03
DATE

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

TITLE **PSTD** ☐ Delete
NAME **RODRIGUEZ, MARIA CAROLINA**
STREET ADDRESS **8201 NW 64TH STREET #5**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☐ Delete
NAME **MARTINEZ, MICHAEL J**
STREET ADDRESS **8201 NW 64TH STREET, #5**
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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **RODRIGUEZ, MARIA CAROLINA**
STREET ADDRESS **14367 SW 97 LANE**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **D** ☒ Change ☐ Addition
NAME **MARTINEZ, MICHAEL J.**
STREET ADDRESS **14367 SW 97 LANE**
CITY-ST-ZIP **MIAMI, FL 33186**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: MARIA CAROLINA RODRIGUEZ 4-21-03 305-505-5481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)