

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040766

1. Entity Name

EXPORT TRADING 2000, INC.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90218 020 ***150.00

Principal Place of Business

1990 W 56TH ST. #1428
HIALEAH FL 33012

Mailing Address

2754 N W NORH RIVER DRIVE
6
MIAMI FL 33142
US

2. Principal Place of Business

2754 NW NORTH RIVER DR
Suite, Apt. #, etc.
6

3. Mailing Address

2754 NW North River Dr.
Suite, Apt. #, etc.
6

City & State

MIAMI FL. 33142

Zip

33142

Country

MIAMI DADE

City & State

Miami Fl.

Zip

33142

Country

US
Miami Dade

4. FEI Number

65-0750794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIFONTES, LUIS A
1990 W 56TH ST, #1428
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name
JULIO L. AGUIAR
Street Address (P.O. Box Number is Not Acceptable)
2754 NW NORTH RIVER DR
6
City
MIAMI FL. FL 33142

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 typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/17/00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SIFONTES, LUIS A 1990 W 56TH ST, #1428 HIALEAH FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Julio L. Aguiar 2754NW North River Dr Miami Fl. 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 (305) 635-0909
Date Daytime Phone #

CR2E034 (9/99)