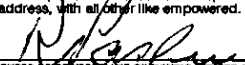


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91213 024 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000012455		
1. Entity Name PASQUIS EXPORT TRADING, INC.		
Principal Place of Business 2630 NW 75TH AVE MIAMI, FL 33122		Mailing Address 2630 NW 75TH AVE MIAMI, FL 33122
2. Principal Place of Business 9605 NW 13 STREET Suite, Apt. #, etc.		3. Mailing Address 9605 NW 13 STREET Suite, Apt. #, etc.
City & State MIAMI FL		City & State MIAMI FL
Zip 33172	Country US	Zip 33172
4. FEI Number 65-0813473		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PASQUIS, ROLAND 2630 NW 75TH AVE MIAMI, FL 33122		7. Name and Address of New Registered Agent Name PASQUIS, ROLAND Street Address (P.O. Box Number is Not Acceptable) 9605 NW 13 STREET City MIAMI FL 33172
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 _____ (NOTE: Registered Agent's signature appears when submitting) DATE _____ Signature, typed or printed name of registered agent and title if applicable.		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PASQUIS, ROLAND 831 ALBATROSS STREET MIAMI SPRINGS, FL 331663941 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PASQUIS, GISELA 831 ALBATROSS STREET MIAMI SPRINGS, FL 331663941 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-16-03 (301) 891-2492 Date

11005203



☐ CHECK HERE IF MAKING CHANGES

CP2E034 (10/02)