

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

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90115 031 \*\*\*150.00

DOCUMENT # P98000034632  
1. Entity Name  
ADP EXPORT GROUP, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2308 ENFIELD COURT  
Suite, Apt. #, etc.

3. Mailing Address  
2308 ENFIELD CT  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ORLANDO FL

City & State  
ORLANDO FL

Zip  
32837 Country

Zip  
32837 Country

4. FEI Number  
59-3505759

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
ADRIANA de PAZOS

Street Address (P.O. Box Number is Not Acceptable)  
2308 ENFIELD CT

City  
ORLANDO FL Zip Code  
32837

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	<u>D ADRIANA de PAZOS 2308 ENFIELD CT ORLANDO FL 32837</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Adriana de Pazos Date: 4/2/02 Daytime Phone #: 407 415-5777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)