2001 UNIFORM BUSINESS REPORT (UBR

May 03, 2001 8:00 am Secretary of State DOCUMENT # P98000074232 1. Entity Name M.S.L. EXPORT CORPORATION 05-03-2001 90989 020 ***150.00 Principal Place of Business Mailing Address 9104 N.W. 40TH STREET 9104 N.W. 40TH STREET CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 us 2. Principal Place of Business 3. Mailing Address 9098 N.W. 4074 9098 N.W. 4074 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0867404 ORAL SOUNGS SPLINOS CORAI Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3306*5* 33065 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONTENEORD, CAMILO A 9104 N.W. 40TH STREET **CORAL SPRINGS FL 33065** ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entit SIGNATURE ? nt and title if applicable (NOTE: Registered Agent signature required when re 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be -Tax filing requirement and elects to do so. Atter MAY-1, 2001: Fee will be \$550.00 : Trust Fund Contribution. -61 (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Oelete TITLE A. MONTENESTE Change MONTENEGRO, CAMILO NAME NAME 9098 N.W. 40TH STREET STREET ADDRESS 9104 N.W. 40TH STREET STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP 33065 **CORAL SPRINGS FL 33065** ☐ Delete TITLE Change TITLE ☐ Addition GUSTAVO A. MONTENEGRO NAME MONTENEGRO, GUSTAVO A NAME STREET ADDRESS 2001 NORTH OCEAN BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 33065 **BOCA RATON FL 33431** TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-716 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 hat 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 trusted smoothest to execute this deport 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 a SIGNATURE: 2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI