

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90937 011 ***150.00

DOCUMENT # P98000080356

1. Entity Name
CONTINENTAL EXPORT, CORP.



Principal Place of Business
3191 CORAL WAY #701
MIAMI FL 33145

Mailing Address
3191 CORAL WAY #701
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

9485 SW 72 ST

9485 SW 72 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A277

A277

City & State

City & State

MIAMI FL

MIAMI FL

Zip
33173

Country
USA

Zip
33173

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0863709

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHUQUIMBALQUI, VICTOR R
3191 CORAL WAY STE 701
MIAMI FL 33145

Name

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

9485 SW 72 ST

A277

City

MIAMI

FL

Zip Code
33173

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-20-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHUQUIMBALQUI, VICTOR 3191 CORAL WAY STE 701 CORAL GABLES FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9485 SW 72 ST, A277 MIAMI, FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-595-9949

CR2E034 (10/02)