

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90276 050 ***150.00

DOCUMENT # **P99000072782**

1. Entity Name
EXPORTABLE TRADING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6423 COLLINS

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#403

City & State
M. BCH FL

City & State

Zip
33141-

Country
USA

Zip

Country

4. FEI Number

05-0964588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ANGELINA V. CORTES

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

6423 COLLINS AV #403

City

M. BCH

FL

Zip Code

33141

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

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
Pres - Sect - Tres
ANGELINA V. CORTES
6423 COLLINS #403 FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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: **Angela Cortes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/02

Daytime Phone #

CR2E034B (12/01)