

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

0245038 AV

DOCUMENT # P99000072782

1. Entity Name  
EXPORT ABLE TRADING, INC.



05-02-2003 90214 008 \*\*\*150.00

Principal Place of Business  
6423 COLLINS AVE.  
#403  
MIAMI BEACH FL 33141

Mailing Address  
6423 COLLINS AVE.  
#403  
MIAMI BEACH FL 33141



2. Principal Place of Business  
6423 Collins Ave. Fl.

3. Mailing Address  
6423 Collins Ave. #403

Suite, Apt. #, etc.  
#403

Suite, Apt. #, etc.  
#403

City & State  
MIAMI BEACH FL.

City & State  
MIAMI BEACH FL.

Zip  
33141

Country  
U.S.A.

Zip  
33141

Country  
U.S.A.

4. FEI Number 65-0964588

☒ 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

CORTES, ANGELINA V  
6423 COLLINS AVE.  
#403  
MIAMI BEACH FL 33141

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CORTES, ANGELINA V  
6423 COLLINS AVE. #403  
MIAMI BEACH FL 33141 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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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

Date

Daytime Phone #

CR2E034 (10/02)