

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 03, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000083237**1. Entity Name  
COEXPORT INC.

## Principal Place of Business

1751 S.W. 8TH ST., STE. 104

POMPANO BEACH  
33069

FL

## Mailing Address

1751 S.W. 8TH ST., STE. 104

POMPANO BEACH  
33069

FL

## 2. Principal Place of Business

675 SW 12TH AVE.

## 3. Mailing Address

675 SW 12TH AVE.

Suite, Apt. #, etc.  
SUITE 112Suite, Apt. #, etc.  
SUITE 112

## City &amp; State

POMPANO BEACH

FL

## City &amp; State

POMPANO BEACH

FL

Zip  
33069

Country

Zip  
33069

Country

## 4. FEI Number

**65-0949630**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

GUZI DAVID

1751 S.W. 8TH ST., STE. 104

POMPANO BEACH  
33069

FL

## 7. Name and Address of New Registered Agent

Name

GUZI DAVID M

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

3000 NE 190TH ST.

APT. 317

City  
AVENTURA

FL

Zip Code  
33180

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 **DAVID M. GUZI****01/03/2001**

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) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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 P ☐ Delete  
NAME GUZI DAVID  
STREET ADDRESS 1751 SW 8TH ST., STE 104  
CITY-ST-ZIP POMPANO BEACH FL 33069TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME GUZI DAVID M  
STREET ADDRESS 3000 NE 190TH ST. APT.317  
CITY-ST-ZIP AVENTURA FL 33180TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **David M. Guzi**

Pres

01/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)