2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P99000111484** May 09, 2000 8:00 am 1. Entity Name Secretary of State EXPORT TECH TRADE, INC 05-09-2000 90072 025 ***150.00 Principal Place of Business Mailing Address 7079 S.W. 47TH STREET 7079 S.W. 47TH STREET MIAMI FL 33155 **MIAMI FL 33155** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0980596 Not Applicable Zin Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIAZ. RODOLFO B Street Address (P.O. Box Number is Not Acceptable) 7079 S.W. 47TH STREET **MIAMI FL 33155** Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT ☐ Addition □ Delete TITLE TITLE RODOLFO B. DIAZ 83315.W. 27 LANE DIAZ. RODOLFO B NAME NAME STREET ADDRESS 7079 S.W. 47TH STREET STREET ADDRESS FL. 33155 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** VICE-PRESIDENT/TREASURE ☐ Addition Change ☐ Delete TITLE TITLE RODELFOJ. DIAZ 8331 S.W. 27# LANE NAME NAME STREET ADDRESS STREET ADDRESS MIRMI, FL. 33155 CITY-ST-ZIP CITY-ST-7IP SEGRETARY RITA. M. DIAZ ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME 8331 S.W. 27 LANE STREET ADDRESS STREET ADDRESS MIRMI, FL. 33155 CITY-ST-ZIP CITY-ST-7IP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS 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 Deceiver 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.

RODOLFO B.DIAZ

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR