

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V44370

1. Entity Name

THE EXPORT COLLECTION, INC.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90060 046 \*\*\*150.00

824705



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
6301 N.W. 27 AVENUE  
MIAMI FL 33147  
US

Mailing Address  
17370 NW 52 AVE.  
OPALOCKA FL 33055-4013  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0337990** Applied For ☐ Not Applicable ☐

Zip Country Zip Country

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

ORTEGA, PABLO J.  
16219 SW 138 PLACE  
MIAMI FL 33177

Name  
JAVIER GARCIA  
Street Address (P.O. Box Number is Not Acceptable)  
17370 NW 52 Ave.  
MIAMI  
City MIAMI FL Zip Code 33055

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 name and title of registered agent (NOTE: Registered Agent signature required when reinstating)

DATE

03-16-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ORTEGA, PABLO J	
STREET ADDRESS	16219 SW 138 PLACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARCIA, JAVIER	
STREET ADDRESS	17370 NW 52 AVE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAVIER GARCIA	
STREET ADDRESS	17370NW52Ave.	
CITY-ST-ZIP	MIAMI, FL. 33055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature and Title of Registered Agent

03-16-00

Date

305-621-0665

Daytime Phone #