

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

02-28-2002 90013 036 ****61.25

DOCUMENT # N93000001039

1. Entity Name

WOMEN IN INTERNATIONAL TRADE, INC.

Principal Place of Business

Mailing Address

444 BRICKELL AVE
#51-329
MIAMI FL 33131
US

444 BRICKELL AVE
#51-329
MIAMI FL 33131
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0392515

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

AMERICAN INFORMATION SERVICES
1 SE THIRD AVE 27TH FL
MIAMI FL 33-3131

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.

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 \$61.259. Election Campaign Financing *
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** ☐ Delete
NAME **SEARE, LEXI**
STREET ADDRESS **444 BRICKELL AVE., #51-329**
CITY-ST-ZIP **MIAMI FL**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **EVELYN D'AN (D)**
STREET ADDRESS **444 Brickell Avenue, Suite 51-329**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **D** ☐ Delete
NAME **LANDY, LISA**
STREET ADDRESS **444 BRICKELL AVE., #51-329**
CITY-ST-ZIP **MIAMI FL**

TITLE **Trustee** ☐ Change ☐ Addition
NAME **LISA LANDY (T)**
STREET ADDRESS **444 Brickell Ave. Ste 51329**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **DP** ☐ Delete
NAME **SEGRE, LEXI**
STREET ADDRESS **444 BRICKELL DR #51-329**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **President** ☒ Change ☐ Addition
NAME **Lexi Segre (D)**
STREET ADDRESS **444 Brickell Ave, Suite 51-329**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☐ Addition
NAME **DAISY ALVERO PAGAN (D)**
STREET ADDRESS **444 Brickell Ave. Ste 51329**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 617, 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

Director **2/11/02** **305-374-5600**

Date

Daytime Phone #

CR2E037 (9/01)

33131

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