

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-24-2002 90305 034 ***158.75

DOCUMENT # P00000105443

1. Entity Name
GEAR INTERNATIONAL TRADING, CORP.

Principal Place of Business Mailing Address
 1244 N.W. 167 AVENUE 1244 N.W. 167 AVENUE
 PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33028

87089



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *1244 NW 167 AVE* 3. Mailing Address *1244 NW 167 AVE*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State *PEMBROKE PINES, FL* City & State *PEMBROKE PINES, FL*

4. FEI Number **65-1053786** Applied For
 Not Applicable

Zip *33028* Country *USA* Zip *33028* Country *USA*

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

6. Name and Address of Current Registered Agent
~~AGUDELO, GUILLERMO~~
~~16565 NE 26 AVENUE #3D~~
~~NORTH MIAMI BEACH FL 33160~~
this address doesn't exist anymore, please delete from your files.

7. Name and Address of New Registered Agent
 Name *AGUDELO GUILLERMO*
 Street Address (P.O. Box Number is Not Acceptable)
1244 NW 167 AVE
 City *PEMBROKE PINES* FL Zip Code *33028*

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]* DATE *05/22/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD AGUDELO, GUILLERMO 16565 NE 26 AVENUE #3D NORTH MIAMI BEACH FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT AGUDELO GUILLERMO 1244 NW 167 AVE PEMBROKE PINES, FL, 33028</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* DATE: *04/13/02* DAYTIME PHONE #: *(954) 322-2414*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)