

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90034 011 \*\*\*150.00

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**DOCUMENT # P01000000288**

1. Entity Name  
**ITS INTERNATIONAL TRADING SUPPLY, INC.**

Principal Place of Business <b>2031 S.W. 3RD AVENUE #4          MIAMI FL 33129</b>	Mailing Address <b>2031 S.W. 3RD AVENUE #4          MIAMI FL 33129</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2781 S.W. 32 COURT</b> Suite, Apt. #, etc.	3. Mailing Address <b>2781 S.W. 32 COURT</b> Suite, Apt. #, etc.
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City & State <b>MIAMI-FL</b>	City & State <b>MIAMI-FL</b>	4. FEI Number <b>52-2297444</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33133-2844</b>	Country <b>U.S.A.</b>	Zip <b>33133-2844</b>	Country <b>U.S.A.</b>

6. Name and Address of Current Registered Agent <b>WONG, JAIME</b> <b>2031 S.W. 3RD AVENUE #4</b> <b>MIAMI FL 33129</b>	7. Name and Address of New Registered Agent Name <b>MARIO WONG</b> Street Address (P.O. Box Number is Not Acceptable) <b>2781 S.W. 32 COURT</b> City <b>MIAMI</b> FL Zip Code <b>33133</b>
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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 **MARIO WONG** DATE **4-26-02**  
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.  (See criteria on back)

**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 WONG, LUIS E 2031 S.W. 3RD AVENUE #4 MIAMI FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHONG, HUMBERTO JR. CHINCHON 830 OF 203 SAN ISIDRO, LIMA 27 PERU <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WONG, JAIME 2031 S.W. 3RD AVENUE #4 MIAMI FL 33129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TD</b> <b>MARIO WONG</b> <b>2781 S.W. 32 CT.</b> <b>MIAMI-FL 33133-2844</b>
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
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
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

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: **LUIS E. WONG** DATE **4-26-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)