

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 Mailing Address
2031 S.W. 3RD AVENUE #4 **2031 S.W. 3RD AVENUE #4**
MIAMI FL 33129 **MIAMI FL 33129**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2781 S.W. 32 COURT **2781 S.W. 32 COURT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI-FL **MIAMI-FL**

Zip Country Zip Country
33133-2844 **U.S.A.** **33133-2844** **U.S.A.**

4. FEI Number Applied For
52-2297444 Not Applicable

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

6. Name and Address of Current Registered Agent

WONG, JAIME
2031 S.W. 3RD AVENUE #4
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name
MARIO WONG
 Street Address (P.O. Box Number is Not Acceptable)
2781 S.W. 32 COURT
 City State Zip Code
MIAMI **FL** **33133**

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

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	SD CHONG, HUMBERTO JR. CHINCHON 830 OF 203 SAN ISIDRO, LIMA 27 PERU	<input type="checkbox"/> Delete
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARIO WONG 2781 S.W. 32 CT. MIAMI-FL 33133-2844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Daytime Phone #

CR2E034 (9/01)