

FILED  
Jun 02, 2002 8:00 am  
Secretary of State

05-09-2002 90040 001 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100011800  
1. Entity Name  
INTERTRADE USA, INC.

Principal Place of Business  
433 S. ROYAL POINCIANA BLVD.  
SUITE 206  
MIAMI SPRINGS FL 33166

Mailing Address  
433 S. ROYAL POINCIANA BLVD.  
SUITE 206  
MIAMI SPRINGS FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
8357 NW 66 st.  
Suite, Apt. #, etc.  
-b

3. Mailing Address  
8357 NW 66 st  
Suite, Apt. #, etc.

City & State  
Miami, FL  
Zip  
33166  
Country  
USA

City & State  
Miami, FL  
Zip  
33166  
Country  
USA

4. FEI Number  
65-1157805  
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

M DE MORAIS, TARCIO P  
433 S. ROYAL POINCIANA BLVD.  
SUITE 206  
MIAMI SPRINGS FL 33166

Name  
M DE MORAIS, TARCIO P  
Street Address (P.O. Box Number is Not Acceptable)  
8357 NW 66 st  
suite # 2  
City  
Miami  
FL  
Zip Code  
33166

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  
*Tarcio P de Moraes*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PD	<input checked="" type="checkbox"/> Delete
NAME	M DE MORAIS, TARCIO P	
STREET ADDRESS	433 S. ROYAL POINCIANA BLVD. SUITE 206	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M DE MORAIS, TARCIO	
STREET ADDRESS	8357 NW 66 st. suite # 2	
CITY-ST-ZIP	Miami, FL 33166	
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: *Tarcio P de Moraes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)