

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91356 015 ***150.00

FORM 608 1/01

DOCUMENT # P01000111800

1. Entity Name
INTERTRADE USA, INC.



Principal Place of Business
8357 NW 66 ST
MIAMI SPRINGS FL 33166

Mailing Address
8357 NW 66 ST
MIAMI SPRINGS FL 33166

2. Principal Place of Business
8354 NW 70th STREET

3. Mailing Address
8354 NW 70th STREET

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI, FL

Zip
33166

Country
DADE

4. FEI Number **65-1157805**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
M DE MORAIS, TARCIO P

Street Address (P.O. Box Number is Not Acceptable)
10850 NW 2ND STREET

City
MIAMI, FL

Zip Code
FL 33172

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 04/24/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME M DE MORAIS, TARCIO P	
STREET ADDRESS 433 S. ROYAL POINCIANA BLVD. SUITE #2	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME M. DE MORAIS, TARCIO P	
STREET ADDRESS 10850 NW 2ND STREET	
CITY-ST-ZIP MIAMI, FL 33172	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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]* DATE 04/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)