

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2003 8:00 am
Secretary of State

08-20-2003 90047 047 ***150.00

00369662
AV

DOCUMENT # P02000104750

1. Entity Name
U.S. TEAMWORK TRADING, CORP.



Principal Place of Business
**7949 NW 21ST ST.
MIAMI FL 33122**

Mailing Address
**7949 NW 21ST ST.
MIAMI FL 33122**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3874468

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~CIPOLLA, CELSO RICARDO O~~
~~7949 NW 21ST ST.~~
~~MIAMI FL 33122~~

7. Name and Address of New Registered Agent

Name **De Mesquita, Oswaldo S**
Street Address (P.O. Box Number is Not Acceptable)
5900 Collins Ave., Apt 1404
City **Miami Beach** FL Zip Code **33141**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **DE MEDQUITA, OSWALDO S**
STREET ADDRESS **5900 COLLINS AVE., APT. 1404**
CITY-ST-ZIP **MIAMI BCH FL 33110**

TITLE **PST** Change Addition
NAME **De Mesquita, Oswaldo S**
STREET ADDRESS **5900 Collins Ave., Apt 1404**
CITY-ST-ZIP **Miami Beach, FL 33110**

TITLE Delete
NAME **STD CIPOLLA, CELSO R**
STREET ADDRESS **5900 COLLINS AVE., APT. 1404**
CITY-ST-ZIP **MIAMI BCH FL 33141**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 REQUIRED**
Oswaldo S de Mesquita Pres 8-13-03 (305) 470-1224
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

ATTACHMENT
P 02000104750
80139066

8-13-03

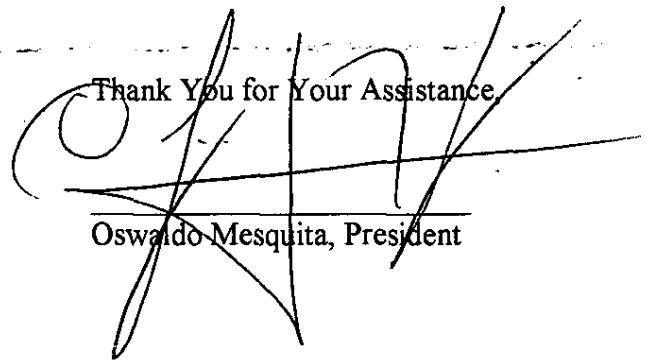
To: Florida Department of State

From: US Teamwork Trading

Ref: UBR

I am writing this letter to inform you that I had not received a previous 2003 UBR. I was completely unaware that anything was due. Due to this, I respectfully request that you rescind my penalty and accept the original \$150 as payment.

Thank You for Your Assistance



Oswaldo Mesquita, President