

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 31, 2002 8:00 am
Secretary of State**

03-31-2002 90339 009 ***150.00

DOCUMENT # PA50000, 78973 ✓

1. Entity Name
INTER-USA TRADING CORP.

180053742

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9554 NW 41ST STREET

Suite, Apt. #, etc:

3. Mailing Address
9554 NW 41ST STREET

Suite, Apt. #, etc:

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

Zip
US

City & State
Miami, FL

Zip
US

4. FEI Number
65-0620072

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
Klaus, Kurt R Jr.

Street Address (P.O. Box Number is Not Acceptable)
1503 NW 14 STREET

City
Miami **FL** Zip Code
33125

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
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	PDS E SILVA, NELSON R R JOAO PESSOA, 228 Blumenau, SC 89036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P Kozial, Kerry 9440 NW 31ST STREET Sunrise, FL 33351
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DO NOT WRITE IN THIS SPACE

1. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/02 (305) 599-9464