

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90088 019 \*\*\*163.75

DOCUMENT # P98000084502

1. Entity Name  
**INTER AMERICAN TRADING SERVICES, INC.**

Principal Place of Business 10391 NW 18TH PLACE PLANTATION FL 33322	Mailing Address 10391 NW 18TH PLACE PLANTATION FL 33322-3549
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>900 DOEWOOD DRIVE</b>	3. Mailing Address <b>900 DOEWOOD DRIVE</b>
Suite, Apt. #, etc. <b>337</b>	Suite, Apt. #, etc. <b>337</b>
City & State <b>DELRAY BEACH</b>	City & State <b>DELRAY BEACH</b>

4. FEI Number **65-0873336** Applied For   
 Not Applicable

Zip <b>33483</b>	Country <b>W. PALM BCH</b>	Zip <b>33483</b>	Country <b>W. PALM BCH</b>
---------------------	-------------------------------	---------------------	-------------------------------

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

6. Name and Address of Current Registered Agent  
**HINCAPIE, GUILLERMO**  
 10391 NW 18TH PLACE  
 PLANTATION FL 33322

7. Name and Address of New Registered Agent  
 Name **LUIS A VALENCIA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**900 DOEWOOD DRIVE-SUITE 337**  
 City **DELRAY BEACH** FL Zip Code **33483**

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 **LUIS A VALENCIA** (Signature, typed or printed name of registered agent and title if applicable.)  
 (NOTE: Registered Agent signature required when reinstating.) DATE **04/05/00**

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

**FEE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	<b>D</b> <b>SALAZAR, MARCO ARBEY</b> <b>CALLE 7 NO. 12-15</b> <b>BUGA VALLE, COLOMBIA, S.A. OC</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>MARUJA VALENCIA</b> <b>900 DOEWOOD DRIVE-STE-337</b> <b>DELRAY BEACH-FL 33483</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN</b> <b>MARCO A. SALAZAR</b> <b>900 DOEWOOD DRIVE-STE 337</b> <b>DELRAY BEACH-FL 33483</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: **MARCO A. SALAZAR** (Signature and typed or printed name of signing officer or director)  
 DATE: **04/04/00**  
 DAYTIME PHONE #: **561-279-2057**

CR2E034 (9/99)