

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90067 004 \*\*\*158.75

04019178 AV

**DOCUMENT # P98000084502**

1. Entity Name  
**INTER AMERICAN TRADING SERVICES, INC.**  
*DBA/TITAN HONEY TRANSFERS* ✓

Principal Place of Business 900 DOGWOOD DRIVE SUITE 337 DELRAY BEACH FL 33483	Mailing Address 900 DOGWOOD DRIVE SUITE 337 DELRAY BEACH FL 33483
2. Principal Place of Business <i>7922 PINES BOULEVARD</i>	3. Mailing Address <i>SAME</i>
Suite, Apt. #, etc. <i>OFFICE - MC FRUGAL PLAZA</i>	Suite, Apt. #, etc. —
City & State <i>PEMBROKE PINES</i>	City & State —
Zip <i>33024</i>	Country <i>BROWARD</i>
Zip —	Country —



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0873336</b>		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>VALENCIA, LUIS A</b> 900 DOGWOOD DRIVE DELRAY BEACH FL 33483		7. Name and Address of New Registered Agent Name <b>LUIS A VALENCIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>6515 KENSINGTON LANE - APT 206</b> <b>HUNTINGTON LAKES</b> City <b>DELRAY BEACH</b> FL Zip Code <b>33446</b>

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 *[Signature]* DATE **04/27/02**

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

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 <b>DC</b> <input checked="" type="checkbox"/> Delete	NAME <b>SALAZAR, MARCO ARBEY</b>	TITLE <b>PRESIDENT - TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS <b>900 DOGWOOD DRIVE SUITE 337</b>	CITY-ST-ZIP <b>DELRAY BEACH FL 33483</b>	NAME <b>MARUJA VALENCIA</b>	STREET ADDRESS <b>6515 KENSINGTON LANE - STE 206</b>
TITLE <b>P</b> <input type="checkbox"/> Delete	NAME <b>VALENCIA, MARUJA</b>	STREET ADDRESS <b>HUNTINGTON LAKES</b>	CITY-ST-ZIP <b>DELRAY BCH - FL 33446</b>
STREET ADDRESS <b>900 DOGWOOD DRIVE SUITE 337</b>	CITY-ST-ZIP <b>DELRAY BEACH FL 33483</b>	TITLE <b>VICE-PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VICE-PRESIDENT</b> <input type="checkbox"/> Delete	NAME <b>MANUEL H. TRUQUE</b>	STREET ADDRESS <b>7922 PINES BLVD - MCFRUGAL PLAZA</b>	CITY-ST-ZIP <b>PEMBROKE PINES - BROWARD - 33024</b>
STREET ADDRESS <b>7922 PINES BLVD - MCFRUGAL PLAZA</b>	CITY-ST-ZIP <b>PEMBROKE PINES - BROWARD - 33024</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marija Valencia* **SIGNATURE REQUIRED - PRESIDENT** DATE: **04/27/02** DAYTIME PHONE #: **954-963 3339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)