

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90088 021 \*\*\*158.75

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**DOCUMENT # P98000084502**

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



Principal Place of Business <b>7922 PINES BLVD. OFFICE- MCFRUBAL PLAZA PEMBROKE PINES FL 33024</b>	Mailing Address <b>7922 PINES BLVD. OFFICE- MCFRUBAL PLAZA PEMBROKE PINES FL 33024</b>
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2. Principal Place of Business <b>169 SOUTH STATE RD-7</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b>N/A</b>	Suite, Apt. #, etc. <b>N/A</b>
City & State <b>MARLEATE, FL 33068</b>	City & State <b>N/A</b>
Zip <b>33068</b>	Country <b>BROWARD</b>

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0873336</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**VALENCIA, LUIS-A**  
**6515 KENSINGTON LANE**  
**APT. #206**  
**DELRAY BEACH FL 33446**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 DATE **2/19/03**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>VALENCIA, MARUJA</b> <b>6515 KENSINGTON LANE - SUITE 206</b> <b>DELRAY BEACH FL 33446</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>TRUQUE, MANUEL H</b> <b>7922 PINES BLVD. - MCFRUGAL PLAZA</b> <b>PEMBROKE PINES FL 33024</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT - PT</b> <b>MARINA VARGAS</b> <b>2425 NW 137AV</b> <b>SUNRISE, FL 33323</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>GERARDO HERRERA</b> <b>2426 NW 137 AVE</b> <b>SUNRISE, FL 33323</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY TREASURER</b> <b>MARUJA VALENCIA</b> <b>6515 KENSINGTON LN-STE 206</b> <b>DELRAY BEACH, FL 33446</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied in 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: **REQUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02.19.03**

Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)