

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90142 050 \*\*\*150.00

**DOCUMENT # S97825**

1. Entity Name  
**GTME TRADING CORP.**

**A0040051**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
10425 SW 22 STREET MIAMI FL 33165 US		P.O. BOX 651937 MIAMI FL 33265-1937 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	<b>65-0311611</b>	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BENITEZ, ALBERTO</b> <b>10425 SW 22 STREET</b> <b>MIAMI FL 33165</b>				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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMERO, OMAR			NAME			
STREET ADDRESS	CENTROEMP. MIRANDA, AVE FOC. MIRANDA			STREET ADDRESS			
CITY-ST-ZIP	LOS RUCES VE			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUNOZ, YVES			NAME			
STREET ADDRESS	CENTRO EMP. MIRANDA, AV. FCO. MIRANDA			STREET ADDRESS			
CITY-ST-ZIP	LOS RUCES VE			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARNOUIN, YVES			NAME			
STREET ADDRESS	CENTRO EMP. MIRANDA, AV. FCO MIRANDA			STREET ADDRESS			
CITY-ST-ZIP	LOS RUCES VE			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: [Signature] 4/17/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #