

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/2(

**FILED**  
**Jun 19, 2000 8:00 am**  
**Secretary of State**

05-20-2000 90003 039 \*\*\*150.00

**DOCUMENT # P98000066379**

1. Entity Name  
**INTER-ARMS TRADING, INC.**

R

Principal Place of Business 55 NE 1ST ROOM 3 MIAMI FL 33132	Mailing Address 55 NE 1ST ROOM 3 MIAMI FL 33132-2428
---	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>65-0853187</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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) <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
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	PTD PRIMELLES, JOSE R V 117 NORTHEAST 1ST AVENUE MIAMI FL 33132 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>55 NE 1st Rm 33132</b> <b>MIAMI Fla 33132</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
	V VARONA, GILBERTO G 117 NORTHEAST 1ST AVENUE MIAMI FL 33132 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>55 NE 1st Rm 33132</b> <b>MIAMI Fla 33132</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
	S FALCON, OLGA 117 NORTHEAST 1ST AVENUE MIAMI FL 33132 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>55 NE 1st Rm 33132</b> <b>MIAMI Fla 33132</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CFR2034 (9/99)

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]* Date: 6/12/2000 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR