

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 523200

1. Entity Name

INTER-TRADE BANQUE LTD., INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90023 011 \*\*\*150.00

Principal Place of Business

8190 S.W. 78 STREET  
STE 100  
MIAMI FL 33143  
US

Mailing Address

P.O. BOX 430065  
MIAMI FL 33243-0065  
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

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASKARI, T.  
8190 S.W. 78 STREET  
SUITE 100  
MIAMI FL 33143

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PMD  
STREET ADDRESS ASKARI, MICHAEL  
CITY-ST-ZIP 8190 SW 78 ST  
MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME STD  
STREET ADDRESS AL-KHATIB, FAISAL  
CITY-ST-ZIP 8190 S.W. 78 ST.  
MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS SALMAN, NAEL  
CITY-ST-ZIP 8190 S.W. 78 ST.  
MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS ABDEL-AZIZ, TAREK  
CITY-ST-ZIP 8190 S.W. 78 ST.  
MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME V  
STREET ADDRESS ABDELORAHMAN, NABIL  
CITY-ST-ZIP 819P SW 78 STREET  
MIAMI FL

TITLE ☐ Change ☒ Addition  
NAME V  
STREET ADDRESS AL-SHOQAIR, NABEEL  
CITY-ST-ZIP 8190 SW 78 STREET  
MIAMI, FL 33143

TITLE ☐ Delete  
NAME CD  
STREET ADDRESS ALOSAUD, HRH PRINCE M.  
CITY-ST-ZIP 8190 S.W. 78 STREET  
MIAMI FL

TITLE ☐ Change ☐ Addition  
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:

*Michael Askari*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2000 305-596-1000  
Date Daytime Phone #

CR2E034 (9/99)