**FILED** 

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**)

## Apr 09, 2003 8:00 am Secretary of State 541457 DOCUMENT # 04-09-2003 90179 044 \*\*\*150.00 1. Entity Name FREZO INTERNATIONAL TRADING CORPORATION Principal Place of Business Mailing Address 1001 S BAYSHORE DR 1001 S BAYSHORE DR 2014 MIAMI FL 33131 **MIAMI FL 33131** HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. \_ -☐ CHECK HERE IF MAKING CHANGES\* City & State City & State Applied For 4. FEI Number 59-1980076 Not Applicable Zip Country Zin Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, FREDDY Street Address (P.O. Box Number is Not Acceptable) 3512 BAYSHORE WILLAS, DR. **COCONUT GROVE FL 33133** ŕ Zip Code City 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 Lagent and title if applicable. Signature, typed or printed name of reg (NOTE: Registered Agent signature required when reinstating) FILE NOVIII FEE IS \$150.00 9.-Election Campaign Financing -\$5.00 May Be After May 1, 2009 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 ☐ Change ☐ Addition TITLE Delete TITLE RODRIGUEZ, FREDDY NAME NAME 3512 BAYSHORE VILLAS, DR. STREET ADDRESS STREET ADDRESS COCONUT GROVE FL CITY-ST-ZIP CITY-ST-ZIP VST ☐ Addition TITLE ☐ Delete TITLE ☐ Change RODRIGUEZ, ZOE NAME NAME 3512 BAYSHORE VILLAS, DR. STREET ADDRESS STREET ADDRESS COCONUT GROVE FL CITY-ST-ZIE CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME STREET-ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change NAME NAME

12. 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 must be 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 dress, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

En FREDDY RODRIGUEZ, PRES.