

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 641144

1. Entity Name
INLAND TRADE, INCORPORATED

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90003 018 ***550.00

Principal Place of Business
3900 SW 100 AV RD
MIAMI FL 33176
US

Mailing Address
P.O. BOX 165005
MIAMI FL 33116-5005

ABU12661



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9310 S.W. 100 AV. RD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

4. FEI Number 59-1935081

Applied For
Not Applicable

Zip
33176

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHEINBERG, RAFAEL
9330 S.W. 87TH STREET
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

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

9310 S.W. 100 AVENUE ROAD
MIAMI, FL 33176

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 *Rafael Scheinberg*
Signature typed or printed name of registered agent and title if applicable.

RAFAEL SCHEINBERG
(NOTE: Registered Agent signature required when reinstating)

8/12/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE P
NAME SCHEINBERG, RAFAEL
STREET ADDRESS 9310 SW 100 AV. RD.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ST
NAME SCHEINBERG, THELMA
STREET ADDRESS 9310 SW 100 AV. RD.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *Rafael Scheinberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/2000 305-274-3641
Date Daytime Phone #

CR2E034 (5/00)