2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED

May 13, 2000 8:00 am Secretary of State **DOCUMENT # F32706** NEW YORK EXCHANGE INTERNATIONAL TRADES, INC. 05-13-2000 90044 020 ***150.00 Principal Place of Business Mailing Address 6240 SW B ST 6240 SW 8 ST MIAMI FL 33144-4810 MIAMI FL 33144 **UUIIUU** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2065407 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROJAS, LUCILA Street Address (P.O. Box Number is Not Acceptable) 202 SW 62ND COURT MIAMI FL 33144 Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Tax filing requirement and elects to do so Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE NAMÉ ROJAS, LUCILA NAME STREET ADDRESS STREET ADDRESS 202 SW 62ND COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33144** ☐ Addition Change Delete TITLE NAME ROJAS, CLARA C. NAME STREET ADDRESS STREET ADDRESS 2841.SW-64 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROJAS, MICHELANGELO NAME STREET ADDRESS STREET ADDRESS 202 SW 62ND COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.