

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004731

1. Entity Name

INTERNATIONAL TRADE IMPACT, INC. ✓

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90006 046 \*\*\*550.00

Principal Place of Business

3371 ROUTE 1 SOUTH, SUITE 209  
C/O GERRIT CAN MANEN  
LAWRENCEVILLE NJ 08648

Mailing Address

3371 ROUTE 1 SOUTH, SUITE 209  
C/O GERRIT CAN MANEN  
LAWRENCEVILLE NJ 08648

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

22-2928356

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

**GERRIT VAN MANEN PRESIDENT**

(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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **VAN MANEN, GERRIT**  
STREET ADDRESS **3371 ROUTE 1 SOUTH, SUITE 209**  
CITY-ST-ZIP **LAWRENCEVILLE NJ 08648**

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

TITLE **SD** ☐ Delete  
NAME **VAN MANEN, STEPHANIE**  
STREET ADDRESS **3371 ROUTE 1 SOUTH, SUITE 209**  
CITY-ST-ZIP **LAWRENCEVILLE NJ 08648**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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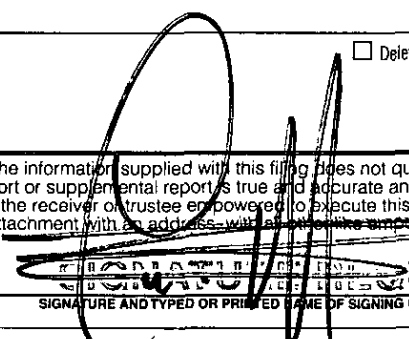
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an authorized signature.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 **Gerrit van Manen**

Date

Daytime Phone #

**609 607 0110**

CR2E034 (5/00)