2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K30377 **DOCUMENT #**

1. Entity Name

J.F.L. INTERNATIONAL TRADING CORPORATION



Mar 05, 2003 8:00 am 8 Secretary of State 03-05-2003 90097 016 ***150.00 **FILED**

| Principal Place of Business % FERNANDO I. SALAS 11448 SW 74 TER MIAMI FL 33173 | | | % FE 11448 | Mailing Address % FERNANDO I. SALAS 11448 SW 74 TER MIAMI FL 33173 | | | | | | | | | | |
|---|---|---|---------------------|---|------------------------|----------------------|-----------------|-------------------------------------|--------------------------|-------------|----------------|-------------|-----------------------|--------------------------|
| 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | | | | | 1841 81841 1884 |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | | | |
| City & State | | | | City & State | | | 4. | 4. FEI Number 65-0065500 | | | | | | pplied For ot Applicable |
| Zip | Country Zip | | | | Country | | | . Certific | ate of Statu | s Desired | | | 8.75 Ad ee Require | |
| 6. Name and Address of Current Registered Agent | | | | | | | 7. | . Name a | and Addres | s of New | Registe | red Ag | jent | |
| | | | | | | Name | | | | | | | | |
| SALAS, FERNANDO I. | | | | Street Address | | | dress (P.O. | (P.O. Box Number is Not Acceptable) | | | | | | |
| 11448 SW MIAMI FL | | | | | | | | | | · ' | | | | |
| | | | | | | City | | | | | FL Zip Code | | | |
| | named entity tions of registe | submits this statement ered agent. | for the purp | oose of changing its | registere | ed office or i | registered a | agent, or | both, in the | State of | Florida. | l am fai | miliar with, | and accept |
| SIGNATURE . | Signature, typed | or printed name of registered age | nt and title if app | olicable. (NOTE | : Registered | d Agent signatur | e required wher | n reinstating) | | | D | ATE | | |
| After | r May 1, 200 | ! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department | | | | | , | 9. | Election C Trust Fund | | | , , _ | | 00 May Be d to Fees |
| 10. | , | OFFICERS AN | | IRS | 11. | | | ADDITION | NS/CHANG | ES TO O | FEICERS | AND | DIRECTOR | S IN 11 |
| TITLE | DP | 311102110711 | 5 51112070 | Delete ′ | TITLE | | <u> </u> | | 107017110 | ,20 10 0 | , , , o E , io | | Change | ☐ Addition |
| NAME | SALAS, FE 11448 SW MIAMI FL | RNANDO I. 74 TER | | | NAME STREE | | | | | | | • | | |
| TITLE NAME STREET ADDRESS | DS | , JOSEFA I. 74 TER | | ☐ Delete | TITLE NAME STREE | | , | | | | | [| Change | ☐ Addition |
| TITLE NAME STREET ADDRESS | DT SALAS, LU 11448 SW MIAMI FL | | <u></u> | ☐ Delete | TITLE NAME STREE | | | | <u> </u> | | <u>.</u> . | [| Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | | | | [| Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | | | | (| Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | information supplied w | | ☐ Delete | CITY- | ET ADDRESS ST-ZIP | | | | | | | Change | Addition |

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FERMANDO I. SALAS R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #