

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0003024
AF

00 APR 29 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002954

1. Entity Name
INTERNATIONAL TRADE CENTER, LLC

Principal Place of Business
1717 NORTH BAYSHORE DRIVE, SUITE 114
MIAMI FL 33132

Mailing Address
1717 NORTH BAYSHORE DRIVE, SUITE 114
MIAMI FL 33132-1196



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1717 North Bayshore Dr
Suite, Apt. #, etc.
Suite 208

3. Mailing Address
1717 North Bayshore Dr.
Suite, Apt. #, etc.
Suite 208

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33132

Country
USA

Zip
33132

Country
USA

4. FEI Number
65-0930873

Applied For
☒ Additional Fee Required

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

S & K PROPERTY MANAGEMENT, INC.
1717 NORTH BAYSHORE DRIVE, SUITE 114
MIAMI FL 33132

Name
S&K Property Management, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1717 North Bayshore Dr.
Suite 208
City
Miami FL Zip Code
33132

8. The abovenamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Lidia Cartaya* 4/27/00 Lidia Cartaya, Vice President
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM U.S.A. FUND MIAMI CORPORATION 2300 CORAL WAY, SUITE 200 MIAMI FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM U.S.A. FUND MIAMI CORPORATION 1717 N. Bayshore Dr., Suite 208 Miami, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003251217--3 -05/12/00--01121--008 *****5.00 *****5.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003251217--3 -05/12/00--01121--008 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *S. J. [Signature]* President 4/27/00 305-577-3085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)