

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0007253

**DOCUMENT # L99000002954**

1. Entity Name

**INTERNATIONAL TRADE CENTER, LLC**

03-29-2002 90377 001 \*\*\*\*\*50.00  
 03-29-2002 90377 002 \*\*\*\*\*8.75

Principal Place of Business

1717 NORTH BAYSHORE DRIVE, SUITE 208  
 MIAMI FL 33132

Mailing Address

1717 NORTH BAYSHORE DRIVE, SUITE 208  
 MIAMI FL 33132

2. Principal Place of Business

150 Alhambra Circle

3. Mailing Address

150 Alhambra Circle

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

Coral Gables FL

City & State

Coral Gables

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0930873

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

S & K PROPERTY MANAGEMENT, INC.

1717 NORTH BAYSHORE DRIVE, SUITE 208

MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

S & K Property Management, Inc.

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

150 Alhambra Circle

Suite 800

City

Coral Gables

FL

Zip Code

33134

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

*Jedra Quintana*

Vice President

3/6/02

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM U.S.A. FUND MIAMI CORPORATION 1717 N. BAYSHORE DRIVE, SUITE 208 MIAMI FL 33132	<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		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM U.S.A. Fund Miami Corporation 150 Alhambra Circle, Suite 800 Coral Gables, FL 33134	<input checked="" 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
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

*Jedra Quintana*  
 Vice President

3/6/02

(305) 476-0955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)