

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006276 NOT-FOR-PROFIT

1. Entity Name

U.S. FOREIGN TRADE INSTITUTE CORP.

FILED
Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90004 038 ****70.00

Principal Place of Business 780 LE JEUNE RD. SUITE # 4 MIAMI, FL. 33126	Mailing Address P.O. BOX 520595 MIAMI, FL. 33152
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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	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name GEORGE ALESSANDRI
	Street Address (P.O. Box Number is Not Acceptable) 780 LE JEUNE RD. SUITE #4
	City MIAMI FL Zip Code 33126

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 *George Alessandri* **GEORGE ALESSANDRI**
Signature, typed or printed name of registered agent and title if applicable. (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) <input type="checkbox"/>	FILE NOW! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALESSANDRI, GEORGE <input type="checkbox"/> Delete 780 LE JEUNE RD. SUITE # 4 MIAMI, FL. 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALESSANDRI, FERNANDO <input checked="" type="checkbox"/> Delete 2121 BRICKELL AVENUE MIAMI, FL. 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAND, PETER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 780 LE JEUNE RD. SUITE # 4 MIAMI, FL. 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATARINO, MARISELLA <input checked="" type="checkbox"/> Delete 1221 BRICKELL AVENUE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERBILT, ERIC A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 780 LE JEUNE RD. SUITE # 4 MIAMI, FL. 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George Alessandri* **PSTD** **GEORGE ALESSANDRI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
6-14-2000 305-374-1977
Date Daytime Phone #