

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006276

1. Entity Name

U.S. FOREIGN TRADE INSTITUTE CORP.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90265 032 ****61.25

Principal Place of Business

1221 BRICKELL AVENUE
SUITE 1660
MIAMI FL 33131

Mailing Address

1221 BRICKELL AVENUE
SUITE 1660
MIAMI FL 33152-0595

2. Principal Place of Business

10185 Collins Ave.

Suite, Apt. #, etc.

1223

City & State

N. Miami Beach - FL

Zip
33154

Country
USA

3. Mailing Address

P.O. Box 520295

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip
33152

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0875353

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALESSANDRI, GEORGE
1221 BRICKELL AVENUE
SUITE 1660
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

George Alessandri

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

10185 Collins Ave. # 1223

N. Miami Beach, FL 33154

City

N. Miami Beach

FL

Zip Code
33154

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-2001

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME
ALESSANDRI, GEORGE
STREET ADDRESS
1221 BRICKELL AVENUE
CITY-ST-ZIP
MIAMI FL 33131

TITLE ☐ Delete

NAME
ALESSANDRI, FERNANDO
STREET ADDRESS
1221 BRICKELL AVENUE
CITY-ST-ZIP
MIAMI FL 33131

TITLE ☐ Delete

NAME
PATARINO, MARISELLA
STREET ADDRESS
1221 BRICKELL AVENUE
CITY-ST-ZIP
MIAMI FL 33131

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, 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:

George Alessandri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-2001

305-374-1977

CR2E037 (9/99)