

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90223 032 \*\*\*150.00

DOCUMENT # P00000062326

1. Entity Name

ONE WORLD TRADING CORP.

Principal Place of Business

Mailing Address

3731 N. COUNTRY CLUB DR.  
 #421  
 Aventura, FL 33180

~~3731 N. COUNTRY CLUB DR.~~  
~~#421~~  
 Aventura, FL 33180

A0038518

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0974551

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH - LEONARDO  
 c/o ROTH ROUSSO & BENNAMIN PA  
 8350 S. Dixie Hwy Pt 2  
 MIAMI, FL 33156

Name

MITCHELL L. SILVERMAN

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

301 DUNWOODY LANE

City

HOLLYWOOD

FL

Zip Code

33021

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

MITCHELL L. SILVERMAN, ESQ.

3/22/01

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME DPT KATZ, JOSE  
 STREET ADDRESS 3731 N. COUNTRY CLUB DR #421  
 CITY-ST-ZIP AVENTURA, FLA 33180 ☐ Delete

TITLE  
 NAME DUS KATZ, RAFAEL  
 STREET ADDRESS 3731 N. COUNTRY CLUB DR. #421  
 CITY-ST-ZIP AVENTURA, FLA 33180 ☐ Delete

TITLE  
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 CITY-ST-ZIP ☐ Delete

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

13. 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01

Date

(954) 989-7009

Daytime Phone #

CR2E034 (11/00)