FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90024 011 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014338

1. Entity Name
EVENTS, TRADING & MARKETING CORP.

769840

Principal Place of Business
5440 N. STATE RD 7 #218
FORT LAUDERDALE, FL 33319

Mailing Address
SAME.

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 5440 N. STATE RD 7
Suite, Apt. #, etc.: 218
City & State: FORT LAUDERDALE, FL
Zip: 33319
Country: US

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number: 65-0982069 — Applied For / Not Applicable

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
Name: MACINTER CORPORATION
Street Address (P.O. Box Number is Not Acceptable): 5440 N. STATE RD 7 #218
City: FORT LAUDERDALE FL Zip Code: 33319

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 [signature] MIGUEL A. CURCI (P) MACINTER CORP. 04-25-01
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

TITLE	P.	☐ Delete
NAME	GUTIERREZ, JOSE MIGUEL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☑ Change ☐ Addition
NAME	GUTIERREZ, JOSE MIGUEL	
STREET ADDRESS	764 SW. 8 STREET	
CITY-ST-ZIP	MIAMI, FL 33130	
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		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 [...]

X [signature] [signature] [signature]