

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020731

1. Entity Name

NORTH AMERICAN TECHNOLOGIES TRADING, CORP.

Principal Place of Business

550 BILTMORE WAY #1120
CORAL GABLES FL 33134

Mailing Address

550 BILTMORE WAY #1120
CORAL GABLES FL 33134

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

65-0987577

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Joseph J. Weisenfeld

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

550 Biltmore Way, Suite 1120

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Joseph J. Weisenfeld 4-30-01

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 President
NAME Arturo Marquez
STREET ADDRESS 550 Biltmore Way, Suite 1120
CITY-ST-ZIP Coral Gables, FL 33134

☐ Delete

TITLE Director
NAME Eduardo Stern
STREET ADDRESS Same as above
CITY-ST-ZIP

☐ Delete

TITLE Secretary
NAME Nissim Nahmiu
STREET ADDRESS Same as above
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eduardo Stern 4-30-01, 305-444-4477

Date

Daytime Phone #

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90010 050 ***150.00

E0071615



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)