

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91588 040 \*\*\*150.00

**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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**427 BILTMORE WAY**  
 Suite, Apt. #, etc.  
**SUITE 101**

3. Mailing Address  
**427 BILTMORE WAY**  
 Suite, Apt. #, etc.  
**SUITE 101**

City & State  
**CORAL GABLES FL**

City & State  
**CORAL GABLES FL**

4. FEI Number **65-0987577**  
 Applied For  
 Not Applicable

Zip **33134** Country **MIAMI DADE**

Zip **33134** Country **MIAMI DADE**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WEISENFELD, JOSEPH J**  
**550 BILTMORE WAY**  
**SUITE 1120**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

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, 2002 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 STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARQUEZ, ARTURO</b> <b>550 BILTMORE WAY, STE 1120</b> <b>CORAL GABLES FL 33134</b> <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	<b>D</b> <b>STERN, EDUARDO</b> <b>550 BILTMORE WAY, STE 1120</b> <b>CORAL GABLES FL 33134</b> <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	<b>S</b> <b>NAHMIUS, NISSIM</b> <b>550 BILTMORE WAY, STE 1120</b> <b>CORAL GABLES FL 33134</b> <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
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **NISSIM HAHMIUS** X **4/19/02** **305292997**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)