

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



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

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

DO NOT WRITE IN THIS SPACE

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

TITLE ☐ Delete
 NAME **P MARQUEZ, ARTURO**
 STREET ADDRESS **550 BILTMORE WAY, STE 1120**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME **D STERN, EDUARDO**
 STREET ADDRESS **550 BILTMORE WAY, STE 1120**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME **S NAHMUS, NISSIM**
 STREET ADDRESS **550 BILTMORE WAY, STE 1120**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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 ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
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 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)(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: **X**

NISSIM HAHMIUS

4/19/02

305292997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)