

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041942 ✓

1. Entity Name  
AXITRADE INTERNATIONAL, INC.

Principal Place of Business  
4650 NW 107 AVENUE #1807  
MIAMI FL 33178  
6405 NW 36 St #113  
Miami, FL 33166

Mailing Address  
4650 NW 107 AVENUE #1807  
MIAMI FL 33178  
the same

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  
65-100 6958

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

CAMPOS, IVAN  
4650 NW 107 AVENUE #1807  
MIAMI FL 33178  
6405 NW 36 St #113  
Miami, FL 33166

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, 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
CAMPOS, IVAN  
4650 NW 107 AVENUE #1807  
MIAMI FL 33178 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPSD  
ANGULO, CARLOS E  
4650 NW 107 AVENUE #1807  
MIAMI FL 33178 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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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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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 lines empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01

Date

Daytime Phone #

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90044 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)