

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90205 046 \*\*\*150.00

**DOCUMENT # P00000053907**

1. Entity Name  
**INTERNATIONAL TRADE SERVICES OF MIAMI, INC.**



Principal Place of Business  
**299 ALHAMBRA CIR  
STE 203  
MIAMI FL 33134**

Mailing Address  
**18333 NW 7TH STREET  
HOLLYWOOD FL 33029**

2. Principal Place of Business  
**299 ALHAMBRA circle**

Suite, Apt. #, etc.  
**203**

3. Mailing Address  
**5230 HOLLYWOOD Blvd.**

Suite, Apt. #, etc.  
**502**

City & State  
**Coral Gables, Florida.**

City & State  
**HOLLYWOOD, Florida.**

Zip  
**33134**

Country  
**USA**

Zip  
**33021**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1014058**

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

**LOPEZ, PEDRO E  
18333 NW 7TH STREET  
HOLLYWOOD FL 33029**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MANTILLA, PEDRO E  
18333 NW 7TH ST  
HOLLYWOOD FL 33029** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LOPEZ, PEDRO E  
5230 HOLLYWOOD Blvd. 502.  
HOLLYWOOD, Florida 33021** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
REVOLLO, MARIA E  
18333 NW 7TH ST  
HOLLYWOOD FL 33029** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
ROAS, MARIA E.  
5230 HOLLYWOOD Blvd. 502  
HOLLYWOOD, Florida 33021** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**04-10-03**

**305 726 7138**

Date

Daytime Phone #

CR2E034 (10/02)