

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

0263596: AV

DOCUMENT # P00000054753

1. Entity Name
GLOBAL INTERNATIONAL TRADING, INC.

02-25-2002 90080 033 ***150.00

Principal Place of Business
7303 N.W. 79TH TERRACE
SUITE 2 & 3
MIAMI FL 33166

Mailing Address
7303 N.W. 79TH TERRACE
SUITE 2 & 3
MIAMI FL 33166



2. Principal Place of Business
133 98 SW 128TH ST.

3. Mailing Address
133 98 SW 128TH ST. SUITE 1

Suite, Apt. #, etc.
SUITE 1

Suite, Apt. #, etc.
SUITE 1

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
65-1023959

Applied For
 Not Applicable

Zip
33186

Country

Zip
33186

Country

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

SANCHEZ, LUIS E
7303 N.W. 79TH TERRACE
SUITE 2 & 3
MIAMI FL 33166

Name

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

133 98 S.W. 128TH ST.

SUITE 1

City **MIAMI**

FL

Zip Code **33186**

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 _____ (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 **PSD** ☐ Delete
 NAME **SANCHEZ, LUIS E**
 STREET ADDRESS **7303 N.W. 79TH TERRACE SUITE 2 & 3**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☒ Change ☐ Addition
 NAME **13398 S.W. 128TH ST. SUITE 1**
 STREET ADDRESS **MIAMI FL 33186**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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)(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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-2339676

CR2E034 (9/01)