2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000067498

SIGNATURE:

SSEE 15T STREET, SUITE 312 AMAIN FL 20101 Principal Place of Brusiness Suits, Act. 4, etc. Do NOT Writte in This SPACE City A State City	2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000067498 Entity Name CONCEPTION TRADE, INC.				FILED Feb 28, 2001 8:00 am Secretary of State 02-28-2001 90094 044 ***150.00	
Award Ft. 33151 Award	Ç .					
Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Requisited For Suite, Apt. #, etc. Street Address of Neme and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PESSOA, JURANDIR E 245 SE. IST STREET, SUITE 312 MIAMI FL 33131 City FL Zip Codes Street Address (P.O. Box Number is Not Acceptable) City FL Zip Codes Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O.	IS S.E. 1ST STREET, SUITE 312 IAMI FL 33131				G O O W E O O E	
Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Requisited For Suite, Apt. #, etc. Street Address of Neme and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PESSOA, JURANDIR E 245 SE. IST STREET, SUITE 312 MIAMI FL 33131 City FL Zip Codes Street Address (P.O. Box Number is Not Acceptable) City FL Zip Codes Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O.	. Principal Place of Business		3. Mailing Address			
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Current	t Registered Agent	Name		
City FL Zip Code City FL Zip	245 S.E. 1ST STREET, SUITE 312			Street Address (P.O. Box Number is Not Acceptable)		
SIGNATURE Signature, lyord or printed name of registered agent, or both, in the State of Florida. Signature, lyord or printed name of registered agent and she if applicable. Part Hing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTERESTANDERS SIREET ADDRESS CITY-ST-ZIP MAMI FL 33131 TILE MAME SIREET ADDRESS CITY-ST-ZIP MAME SIREET ADDRESS CITY-ST-ZIP TILE TILE CITY-ST-ZIP TILE CITY-ST-ZIP TILE TILE CITY-ST-ZIP T				City	Zip Code	
Synature, typod or primited name of treglitatered agent and white if applicable. (NOTE: Registered Agent signature required when reinsouring) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	3. The above	named entity submits this statement f	or the purpose of changing it	ts registered office or regis	gistered agent, or both, in the State of Florida.	
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees		Signature, typed or printed name of registered agen	it and title if applicable. (NC	TE: Registered Agent signature req	equired when reinstating) DATE	
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CITY-ST-ZIP 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		att all a de la constitución		CITY-ST-ZIP		

1-18-01

Daytime Phone #