

**2001 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jun 25, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90024 044 \*\*\*150.00

DOCUMENT # **P00000084655**

1. Entity Name

**HMIT/Hand MADE International Trade, Corp**

Principal Place of Business: **7331 NW 27 AVENUE Miami FL 33147**  
 Mailing Address: **P.O Box 562951 Miami FL 33256**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: **65-1043327** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HART, David L.**  
**100 N. BISCAYNE Blvd.**  
**SUITE 2600**  
**Miami FL 33132**

7. Name and Address of New Registered Agent  
 Name: **CASTRO SERGIO A**  
 Street Address (P.O. Box Number is Not Acceptable): **7331 N.W. 27 AVENUE**  
 City: **Miami** FL Zip Code: **33147**

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]* DATE: **6/14/2001**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
**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	<b>D</b> <b>QUINTANA Rocio B</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>7331 NW 27 AVENUE</b>
CITY- ST- ZIP	<b>Miami FL 33147</b>
TITLE NAME	<b>D</b> <b>CASTRO Sergio A</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>7331 NW 27 AVENUE</b>
CITY- ST- ZIP	<b>Miami FL 33147</b>
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/05

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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; and that I 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 change, or as empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)