4/27

2001 UNIFORM BUSINESS REPORT (UBR)

Country Country Country S. Certificate of Status Desired \$8.75 Additional Foe Required \$8.75 Additional Foe Requir	DOCU 1. Entity Nar	1 UNIFORM BUSII IMENT # POOOOOS INTERNATIONAL TRADE CORP	36248	RT (UBR)	May 29, 2001 8:00 ar Secretary of State 04-27-2001 90296 035 ***150.00	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE	101EN 41 STRI SUITE F97	EET	101EN 41 STREET SUITE F97	1		
City & State City & State Desired Street Address of Status Desired Street Address of New Registered Agent Name DE ARMAS PEDRAZA, JOSE MARIA 101EN 41 STREET SUITE F97 FORT LAUDERDALE FL 33334 City FL Zip Code Ci	2. Principal Place of Business		3. Mailing Address			
Country Zip Country Zip Country S. Certificate of Status Desired \$4.7.6 -Additional \$4.7.6 -Additi	Suite, Apt. #, etc.		Suite, Apt, #, etc.		DO NOT WRITE IN THIS SPACE	
5. Name and Address of Current Registered Agent 7. Name and Address of Nam Registered Agent 7. Name and Address of Nam Registered Agent Name Name	City & Sta	te	City & State			
DE ARMAS PEDRAZA, JOSE MARIA 101EN 41 STREET SUITE F97 FORT LAUDERDALE FL 33334 City FL Zip Code 3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Speakurs, spead or printed name of registered agent and table it applicable. (NOTE "suprinted Agent sepakters required when refrectables) 9. This concoration is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE DE ARMAS PEDRAZA, TYRONE 101EN 41 STREET F97 FORT LAUDERDALE FL 33334 TITLE DE ARMAS PEDRAZA, JANETH UNME DE ARMAS PEDRAZA, JANETH UNME DE ARMAS PEDRAZA, JOSE MIGUEL STREET ADDRESS 101EN 41 STREET, F97 FORT LAUDERDALE FL 33334 TITLE DE ARMAS PEDRAZA, JOSE MIGUEL STREET ADDRESS 101EN 41 STREET, F97 FORT LAUDERDALE FL 33334 TITLE DE ARMAS PEDRAZA, JOSE MIGUEL STREET ADDRESS 101EN 41 STREET, F97 FORT LAUDERDALE FL 33334 CITY-ST-2P FORT LAUDERDALE FL 33334 TITLE DE ARMAS PEDRAZA, JOSE MIGUEL STREET ADDRESS 101EN 41 STREET, F97 FORT LAUDERDALE FL 33334 TITLE DE ARMAS PEDRAZA, JOSE MIGUEL STREET ADDRESS 101EN 41 STREET, F97 FORT LAUDERDALE FL 33334 CITY-ST-2P FOR	-Zip		—Zip————	-Country-		
DE ARMAS PEDRAZA, JOSE MARIA 101EN 41 STREET SUITE F97 FORT LAUDERDALE FL 33334 City FL Zip Code 6. 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 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) TILE OFFICERS AND DIRECTORS SIRET ADDRESS FORT LAUDERDALE FL 33334 TILE DE ARMAS PEDRAZA, JANETH INTEL DE ARMAS PEDRAZA, JANETH TILE DE ARMAS PEDRAZA, JANETH TILE DE ARMAS PEDRAZA, JANETH TILE DE ARMAS PEDRAZA, JOSE MIGUEL TILE DE ARMAS PEDRAZA, PILAR DE Change TILE DE		5. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent	
101EN 41 STREET SUITE F97 FORT LAUDERDALE FL 33334 City City FL Zip Code City	DE ARMAS PEDRAZA. JOSE MARIA				(II O. Poy Number is Not Acceptable)	
SIGNATURE Signature, hypeat or printed name of ingulated agent and title it applicable. NOTE: Reprintered Agent at pressure required agent, or both, in the State of Florida. SIGNATURE Signature, hypeat or printed name of ingulated agent and title it applicable. NOTE: Reprintered Agent at pressure required when refinitioning. Signature, hypeat or printed name of ingulated agent and title it applicable. NOTE: Reprintered Agent at pressure required when refinitioning. Signature, hypeat or printed name of ingulated agent and title it applicable. NOTE: Reprintered Agent at pressure required when refinitioning. Signature, hypeat or printed name of ingulated agent and title it applicable. NOTE: Reprintered Agent at pressure required when refinitioning. Signature, hypeat or printed name of ingulated agent and title it applicable. NOTE: Reprintered Agent at pressure required when refinitioning. Out In Election Campaign Financing Trust Fund Contribution. Added to Fees added to Fees and Directors in 11. OFFICERS AND DIRECTORS. 11. OFFICERS AND DIRECTORS. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE DE ARMAS PEDRAZA, TYRONE SIREET ADDRESS OITY-ST-2PP FORT LAUDERDALE FL 33334 OITY-ST	101EN 41 STREET			Sileer Address ((.C. box fulliber is not recopilately	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, spead or printed manual of registered agent and title it applicable. (NOTE: Registered Agent at present Agent at present agent and sent as the purpose of changing its registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) Title NOW!!! FEE IS \$150.00 After MAY 1, 200 I Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. Added to Fees Added			Ciny	P°4 Zio Code		
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DE ARMAS PEDRAZA, TYRONE 101EN 41 STREET F97 FORT LAUDERDALE FL 33334 TITLE MAKE DE ARMAS PEDRAZA, JANETH SIREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33334 TITLE MAKE DE ARMAS PEDRAZA, JOSE MIGUEL 101EN 41 STREET F97 FORT LAUDERDALE FL 33334 TITLE MAKE DE ARMAS PEDRAZA, JOSE MIGUEL SIREET ADDRESS CITY-ST-ZIP TITLE DE ARMAS PEDRAZA, JOSE MIGUEL SIREET ADDRESS CITY-ST-ZIP TITLE DE ARMAS PEDRAZA, JOSE MIGUEL SIREET ADDRESS CITY-ST-ZIP TITLE DE ARMAS PEDRAZA, JOSE MIGUEL SIREET ADDRESS CITY-ST-ZIP TITLE DE ARMAS PEDRAZA, JOSE MIGUEL SIREET ADDRESS CITY-ST-ZIP TITLE DE ARMAS PEDRAZA, JOSE MIGUEL SIREET ADDRESS CITY-ST-ZIP TITLE D Change Addition Change Addition TITLE D Change Addition Change Addition Change Addition TITLE D Change Addition TITLE D Change Addition					FL	
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TITLE NAME STREET ADDRESS CITY-S1-ZIP FORT LAUDERDALE FL 33334 TITLE DE ARMAS PEDRAZA, JANETH STREET ADDRESS CITY-S1-ZIP FORT LAUDERDALE FL 33334 TITLE DE ARMAS PEDRAZA, JANETH STREET ADDRESS CITY-S1-ZIP TITLE D THAME DE ARMAS PEDRAZA, PILAR	11.		RECTORS	·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DE APMAS PEDRAZA, JANETH STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33334 TITLE NAME DE ARMAS PEDRAZA, JOSE MIGUEL STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33334 TITLE DE ARMAS PEDRAZA, JOSE MIGUEL STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33334 TITLE DE ARMAS PEDRAZA, JOSE MIGUEL STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33334 TITLE DE ARMAS PEDRAZA, PILAR Delete TITLE DELETE TITLE DELETE TITLE NAME DE ARMAS PEDRAZA, PILAR	NAME STREET ADORESS	DE ARMAS PEDRAZA, TYRONE 101EN 41 STREET F97	☐ Delete	NAME STREET ADDRESS	Change	
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CITY-ST-ZIP FORT LAUDERDALE FL 33334 CITY-ST-ZIP TITLE D Change Addition NAME DE ARMAS PEDRAZA, PILAR NAME	TITLE	FORT LAUDERDALE FL 33334 D DE ARMAS PEDRAZA, JOSE MIGUE		TITLE NAME	☐ Change ☐ Addition	
NAME DE ARMAS PEDRAZA, PILAR						
CITY-ST-ZIP FORT LAUDERDALE FL 33334	NAME STREET ADDRESS	DE ARMAS PEDRAZA, PILAR 101EN 41 STREET F97	☐ Delete	NAME STREET ADDRESS	Change Addition	
TITLE DE ARMAS PEDRAZA, JOSE MARIA STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33334 Delete Delet	TITLE NAME STREET ADDRESS	D DE ARMAS PEDRAZA, JOSE MARIA 101EN 41 STREET F97		NAME STREET ADDRESS	☐ Change ☐ Addition	
TITLE D DE LARMAS PEDRÁZA, CRISTINA STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33334 Delete TITLE TITLE TITLE L Change Addition NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY+ST-ZIP	D DE ARMAS PEDRÁZA, CRISTINA 101EN 41 STREET F97 FORT LAUDERDALE FL 33334	_	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 rice 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 a other like empowered. SIGNATURE:		/11	filing does not qualify for to and accurate and that my und to execute this report a coner like empowered.	ne exemption stated in Se signature shall have the required by Chapter 607	action 119.07(3)(i), Florida Statutes, I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 11 or Block 12 if	