

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90009 041 \*\*\*150.00

**C0071309**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P00000086369</b>			
1. Entity Name <b>T A J INTERTRADE, CORP</b>			
Principal Place of Business <b>5731 N.W. 37TH STREET#210 MIAMI, FL 33166</b>		Mailing Address <b>5731 NW 37TH STREET #210 MIAMI, FL 33166</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>E &amp; V GREAT PROFESSIONAL, INC 5545 S.W. 8TH STREET SUITE 107 MIAMI, FL 33134</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	

4. FEI Number <b>65-1041280</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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 <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>LESCHER, ALFREDO</b>	
STREET ADDRESS <b>5731 NW 37 ST. STE 210</b>	
CITY-ST-ZIP <b>MIAMI, FL 33166</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> Delete
NAME <b>BARBOZA, TEYLER</b>	
STREET ADDRESS <b>5731 NW 37 ST STE 210</b>	
CITY-ST-ZIP <b>MIAMI, FL 33166</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Delete
NAME <b>DE MECO, JOSE</b>	
STREET ADDRESS <b>5731 NW 37 ST STE 210</b>	
CITY-ST-ZIP <b>MIAMI, FL 33166</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Delete
NAME <b>PARRA, LEONARDO</b>	
STREET ADDRESS <b>5731 NW 37 ST STE 210</b>	
CITY-ST-ZIP <b>MIAMI, FL 33166</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: \_\_\_\_\_ **5-31-01** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)