

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90044 030 \*\*\*158.75

**DOCUMENT #** P01000003727

**1. Entity Name**

**FREE TRADE CONSULTANTS, INC.**

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
**427 BILTMORE WAY**

**3. Mailing Address**  
**2121 PONCE DE LEON BLVD.**

Suite, Apt. #, etc.  
**101**

Suite, Apt. #, etc.  
**240**

City & State  
**CORAL GABLES, FL**

City & State  
**CORAL GABLES, FL**

**4. FEI Number** 65-1068292

Applied For  
Not Applicable

Zip  
**33134**

Country

Zip  
**33134**

Country

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **ELIZUNDIA, OSCAR**

Street Address (P.O. Box Number is Not Acceptable)  
**2121 PONCE DE LEON BLVD.**

**SUITE 240**

City **CORAL GABLES** **FL** Zip Code **33134**

**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, typed or printed name of registered agent and title if applicable.

(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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **ELIZUNDIA, OSCAR**  
STREET ADDRESS **2121 PONE DE LEON BLVD. #240**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)