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

DOCUMENT # P01000039705

1. Entity Name

FAZ INTERNATIONAL TRADING, INC.



FILED

03 DEC 19 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6085 NW 82 Avenue

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Zip

33166

Country

MIAMI-DADE

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

03
MRS

4. FEI Number

65-1101735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name DA COSTA, ARTUR M

Street Address (P.O. Box Number is Not Acceptable)

6085 NW 82 Avenue

City

MIAMI

FL

Zip Code

33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/11/03

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/T/D
DA COSTA, ARTUR M
6085 NW 82 Ave. Miami-Fl. 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP/D
DE AGUIAR, IVONE
6085 NW 82 Ave. Miami-Fl 33166

TITLE
NAME
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

500025778935
12/26/03 - 01/08/04 - \$150.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, will, or other information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR

Date

Signature Photo #

12/11/03 786-355-4070

282

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

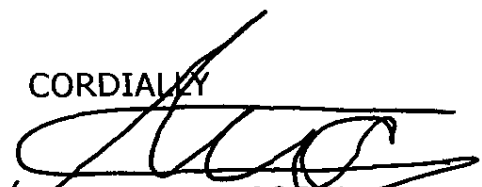
TO WHOM IT MAY CONCERN:

DUE TO A CHANGE OF ADDRESS I NEVER RECEIVED ANY NOTICE FROM
YOUR OFFICE FOR THE 2003 UNIFORM BUSINESS REPORT.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS
ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY



ARTUR M DA COSTA
PRESIDENT