

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

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90045 028 ***150.00

DOCUMENT # **P01000072263**

1. Entity Name

**AMCORE INTERNATIONAL TRADING,
INCORPORATED**



DO NOT WRITE IN THIS SPACE

90133372

2. Principal Place of Business

511 CONROY ST

Suite, Apt. #, etc.

3. Mailing Address

511 CONROY ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

65-1138334

Applied For

Not Applicable

Zip

32805

Country

USA

Zip

32805

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

REGUEIRA, WALESKA A

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

511 CONROY ST

City

ORLANDO FL

FL

Zip Code

32805

**DO NOT WRITE
IN THIS SPACE**

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

Waleska A Regueira

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

04-30-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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
REGUEIRA, WALESKA A
511 CONROY ST
ORLANDO FL 32805**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
REGUEIRA, RICARDO L
511 CONROY ST
ORLANDO FL 32805**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Waleska A Regueira

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-03 4076488366

Date

Daytime Phone #

CR2E034B (12/02)