

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P01000095711**1. Entity Name **INTERNATIONAL TRADING PARTNERS, INC.****FILED**
Jun 17, 2002 8:00 am
Secretary of State

05-19-2002 90164 038 ***150.00

Principal Place of Business
3907 N FEDERAL HWY PMB #160
POMPANO BEACH FL 33064Mailing Address
3907 N FEDERAL HWY PMB #160
POMPANO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1130558

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SHAPIRO, NEVIN K
3907 N FEDERAL HWY PMB #160
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name **The Law Offices of Craig M. Dorn, PA**
Street Address (P.O. Box is not acceptable) **407 Lincoln Rd**
PHSE
City **Miami Beach** **FL** Zip Code **33139**

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)**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution, ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **SHAPIRO, NEVIN K**
STREET ADDRESS **5750 COLLINS AVE, APT 15 E**
CITY-ST-ZIP **MIAMI BEACH FL 33140**TITLE **D** ☒ Delete
NAME **DOSTROFF, BARTON B.**
STREET ADDRESS **10735 NW 11 ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**TITLE **D** ☒ Delete
NAME **MENOSCAL, MIRIAM J**
STREET ADDRESS **17555 COLLINS AVE #3304**
CITY-ST-ZIP **SUNNY ISLES FL 33180**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **Torres, Roberto**
STREET ADDRESS **3907 N. Federal Hwy PMB 160**
CITY-ST-ZIP **Pompano Beach, FL 33064**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

954-240-8808

Daytime Phone #

CR2034 (9/01)