

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90108 003 ***558.75

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1. Entity Name

INTERNATIONAL TRADING PARTNERS, INC.



Principal Place of Business
3907 N FEDERAL HWY PMB #160
POMPAÑO BEACH FL 33064

Mailing Address
3907 N FEDERAL HWY PMB #160
POMPAÑO BEACH FL 33064



2. Principal Place of Business

400 ARTHUR GODFREY RD.

Suite, Apt. #, etc.

#506

City & State

MIAMI BEACH, FL

Zip 33140

Country U.S.

3. Mailing Address

4045 SHERIDAN AVE.

Suite, Apt. #, etc.

#184

City & State

MIAMI BEACH, FL

Zip 33140

Country U.S.

☐ CHECK HERE IF MAKING CHANGES

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

THE LAW OFFICES OF CRAIG M DORNE, PA
407 LINCOLN RD
MIAMI FL 33139

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 D ☐ Delete
NAME TORRES, ROBERTO
STREET ADDRESS 3907 N FEDERAL HWY PMB 160
CITY-ST-ZIP POMPAÑO BEACH FL 33064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME TORRES ROBERTO
STREET ADDRESS 4045 SHERIDAN AVE #184
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/08/03 (954) 240-8808
Date Daytime Phone #

CR2E034 (10/02)