

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90060 045 \*\*\*150.00

**DOCUMENT # P02000054387**

1. Entity Name  
**ITALIAN TRADING CORPORATION**



Principal Place of Business  
**1198 VENETIAN WAY, APT. 112  
MIAMI FL 33139**

Mailing Address  
**1198 VENETIAN WAY, APT. 112  
MIAMI FL 33139**

2. Principal Place of Business  
**1602 Alton Rd**

3. Mailing Address  
**1602 Alton Rd**

Suite, Apt. #, etc.  
**414**

Suite, Apt. #, etc.  
**414**

City & State  
**Miami Beach FL**

City & State  
**Miami Beach FL**

Zip  
**33139**

Country

Zip  
**33139**

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**03-0444301**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**MAITA, OSCAR A  
1198 VENETIAN WAY, APT. 112  
MIAMI FL 33139**

## 7. Name and Address of New Registered Agent

Name **Oscar A. Maite**  
Street Address (P.O.-Box Number is Not Acceptable) **1602 Alton Rd # 414**  
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. 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

**2/18/03**

**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 <b>D</b>	<input type="checkbox"/> Delete
NAME <b>MAITA, OSCAR A</b>	
STREET ADDRESS <b>1198 VENETIAN WAY, APT. 112</b>	
CITY-ST-ZIP <b>MIAMI FL 33139</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Oscar A. Maite</b>	
STREET ADDRESS <b>1602 Alton Rd # 414</b>	
CITY-ST-ZIP <b>Miami Beach FL 33139</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Nelson Maite</b>	
STREET ADDRESS <b>1602 Alton Rd # 414</b>	
CITY-ST-ZIP <b>Miami Beach FL 33139</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)