

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90160 034 ***150.00

DOCUMENT # P02000062583

1. Entity Name
INTERNATIONAL RESOURCE & TRADE, INC.



Principal Place of Business
**186 ELAINE ROAD
WEST PALM BEACH FL 33413**

Mailing Address
**186 ELAINE ROAD
WEST PALM BEACH FL 33413**



2. Principal Place of Business

350 SOUTH COUNTY RD

3. Mailing Address

6386 SUMMER SKY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 100

City & State
PALE BEACH FL

City & State
GREENACRES, FL

Zip
33480

Country
USA

Zip
33463

Country
USA

4. FEI Number

81-0592305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BOTTOSTO, BEVERLY A
180 ELAINE ROAD
WEST PALM BEACH, FL 33413-231**

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 **P** ☐ Delete
NAME **BOTTOSTO, BEVERLY A**
STREET ADDRESS **180 ELAINE ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 **PVS** ☒ Change ☐ Addition
NAME **BOTTOSTO, BEVERLY A.**
STREET ADDRESS **6386 SUMMER SKY LANE**
CITY-ST-ZIP **GREENACRES, FL 33463**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 items powered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)