

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90380 027 ***150.00

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

DOCUMENT # P02000081032

1. Entity Name
GRAHAM ASSOCIATES INTERNATIONAL, INC.

Nevada International Trading Corp 5.12.03



Principal Place of Business
2157 SW 13 AVENUE
MIAMI, FL 33145

Mailing Address
2157 SW 13 AVENUE
MIAMI, FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RAMIREZ, HECTOR S
2157 SW 13 AVENUE
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name **ANGELA MARIA ARCE ARCEBALO**

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

2157 SW 13 AVENUE

City **MIAMI**

FL

Zip Code **33145**

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

ANGELA MARIA ARCE

04/30/03

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 PD
NAME RAMIREZ, HECTOR S
STREET ADDRESS 2157 SW 13 AVENUE
CITY-ST-ZIP MIAMI, FL 33145 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ANGELA MARIA ARCE ARCEBALO
STREET ADDRESS CALLE B N° 23 A-68
CITY-ST-ZIP CALI - COLOMBIA ☐ Change ☒ Addition

TITLE VP
NAME ARMANDO VILLEGAS ARBOLEDA
STREET ADDRESS CALLE B N° 23 A-68
CITY-ST-ZIP CALI - COLOMBIA ☐ Change ☒ Addition

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03

Date

Daytime Phone #

CH2E034 (10/02)