

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90147 017 ***150.00

DOCUMENT # P02000085967

1. Entity Name
FC INTERNATIONAL TRADING CORP.



Principal Place of Business
**250 CATALONIA AVE STE 505
CORAL GABLES, FL 33134**

Mailing Address
**250 CATALONIA AVE STE 505
CORAL GABLES, FL 33134**

2. Principal Place of Business
13388 SW 114 TERRACE
Suite, Apt. #, etc.

3. Mailing Address
13388 SW 114 TERRACE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI FL

4. FEI Number
26-2287820

Applied For
☐ Not Applicable

Zip
33186

Country

Zip
33186

Country

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

6. Name and Address of Current Registered Agent

**BARILLAS, FEDERICO
250 CATALONIA AVE STE 505
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
FEDERICO BARILLAS

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

13388 SW 114 TERRACE

City
MIAMI

FL

Zip
33186

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 withdrawing)

DATE

3/13/2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARILLAS, FEDERICO 250 CATALONIA AVE STE 505 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARILLAS, CARLOS 250 CATALONIA AVE STE 505 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FEDERICO BARILLAS 13388 SW 114 TERRACE MIAMI FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President CARLOS BARILLAS 13388 SW 114 TERRACE MIAMI FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

FEDERICO BARILLAS

3/13/03

Daytime Phone #

(305) 387-8773

CR2034 (10/02)