

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90219 022 ***150.00

0287450 AV

DOCUMENT # P02000098977

1. Entity Name
INTERTRADE LOGISTICS, INC.



Principal Place of Business
847 NW 119 ST STE #205
MIAMI FL 33168

Mailing Address
847 NW 119 ST STE #205
MIAMI FL 33168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-1021724

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

MESS, PEDRO L
847 NW 119 ST STE #205
MIAMI FL 33168

7. Name and Address of New Registered Agent

Name

Mees, Pedro L

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

847 NW 119 st ste # 205.

City

Miami, FL

FL

Zip Code

33168

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
CAMPOS, DORVAL
6740 NW 114 AVE APT #704
MIAMI FL 33178

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P Mees, Pedro L
11822 SW 99 ST.
Miami, FL 33186

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
MESS, PEDRO L
11822 SW 99 ST
MIAMI FL 33168

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P Mees, Pedro L
11822 SW 99 ST.
Miami, FL 33186

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03

Date

Daytime Phone #

CR2E034 (10/02)