2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23481 1. Entity Name					May 24, 2000 8:00 am Secretary of State			
GLOBAL INTERNATIONAL TRADÈRS, INC					Secretary of State 05-24-2000 90081 047 ***158.75			
Principal Place		Mailing Address 6928 NW 72 AVE						
MIAMI FL 33166 US		MIAMI FL 33166-3036 US			1 (PO 1 TO 1 TO 1 TO 2 TO 1 TO 2 TO 2 TO 3 TO 3	81811 B(B(† B(B)(B(B)) B(B) 418 () (48)	
2. Principal Place of Business 3. Mailing Address 7255 NW68 Street 7255 NW 68 Spite, Apt. #, etc.				et	DO NOT WRITE IN	THIS SPACE		
# 4 City & State Mian; FL		City & State FL			4. FEI Number 72-1139698	Number 72-1139698 Applied For Not Applicable		
^{Zip} 331	6. Name and Address of Current Re	33166	Dane		5. Certificate of Status Desired [\$8.75 Add Fee Required		
	U. Name and Address of Garrent No.	gistored rigent	Name	i				
ORTIZ, RICARDO E. 10124 SW 141 CT			Street A	Street Address (P.O. Box Number is Not Acceptable)				
MIAN	<i>I</i> II FL 33186		City			FL Zip Code	>	
8. The above	named entity submits this statement for the	ne purpose of changing its re	egistered office or	registered	agent, or both, in the State of Florida			
SIGNATURE _	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signatu	ire required who	en reinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St				50.00	10. Election Campaign Financi Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND DI	RECTORS	12.	$\overline{}$	ADDITIONS/CHANGES TO OFFICER			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ortiz, Ricardo E. 6928 NW 72 AVE Miami Fl	∐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ortis 7255 Mia	Ricardo E. NW 68 street	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORTIZ, GUILLERMO 6928 NW 72 AVE MIAMI FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DRYS	Z edwillermo NW 68th street mi, FL 33166	☐ Change	☐ Addition	
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indicated of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower or on an attachment with an address, with a decident and address.	ue and accurate and that m ered to execute this report a	y signature shall h is required by Cha	ave the sar	me legal effect as it mage unger gain:	: inal i am an onicer	or director 1	