2002 Uniform Business Report (UBR)

Mar 28, 2002 8:00 am DOCUMENT # P23481 Secretary of State 1. Entity Name GLOBAL INTERNATIONAL TRADERS, INC. 03-28-2002 90356 021 ***158.75 Mailing Address Principal Place of Business 7255 NW 68 ST 7255 NW 68 ST MIAMI FL 33166 MIAMI FL 33166 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 72-1139698 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ORTIZ, RICARDO E. Street Address (P.O. Box Number is Not Acceptable) 10124 SW 141 CT **MIAMI FL 33186** Zip Code City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE Delete TITLE ORTIZ, RICARDO E NAME NAME 7255 NW 68 ST 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-7IP Addition Change TITLE **VP** ☐ Delete TITLE ORTIZ, GUILLERMO NAME NAME 7255 NW 68 ST 4 STREET ADDRESS STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED