

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000010004

1. Entity Name

EXORTECH INTERNATIONAL TRADING CORP.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90020 024 ***150.00

0142031

Principal Place of Business
2801 NW 74 AVENUE
206
MIAMI FL 33122

Mailing Address
2801 NW 74 AVENUE
206
MIAMI FL 33122

C0005727



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0378253

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRUJILLO, JUAN
12101 S.W. 69TH COURT
MIAMI FL 33156

Name TRUJILLO JUAN

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

5348 N.W. 113 Place

City MIAMI

FL

Zip Code 33178

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME TRUJILLO, JUAN
STREET ADDRESS 12101 S.W. 69TH COURT
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE PSTD
NAME TRUJILLO, JUAN
STREET ADDRESS 5348 N.W. 113 Place
CITY-ST-ZIP MIAMI FL 33178 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01

305-593-2568

Daytime Phone #

CR2E034 (10/00)