2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am 8 Secretary of State **FILED** P93000055236 DOCUMENT # 1. Entity Name G.B. INTERNATIONAL TRADING. INC. 05-20-2002 90086 039 ***150.00 Principal Place of Business Mailing Address 4891-14W-79-AVE 7976 NW 66 ST 4851 NW-79 AVE 7976 NW 66 ST. STHITE & Stiff E & MIAMI FL 33166 **MIAMI FL 33166** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0428286 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required === 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELTRAN, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 4851-NW 79TH-AVE-STE-6-7976 NW 66 ST. **MIAMI FL 33166** City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Change CR2E034 (9/01) ☐ Addition BELTRAN, RAFAEL NAME NAME 4851 NW 79 AVE, SUITE 6 STREET ADDRESS 7976 NW 66TH ST STREET ADDRESS MIAMI FL 33166 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE X Change ☐ Addition BELTRAN, ABEMAR NAME NAME STREET ADDRESS 4851 NW 79 AVE: SUITE-6-STREET ADDRESS 7976 NW 66TH ST MIAMI FL 33166 CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLE (A) Change ☐ Addition BELTRAN, NAEMAR NAME NAME 4851-NW-79 AVE, -SUITE-6-STREET ADDRESS STREET ADDRESS 7976 NW 66TH ST MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE -☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS

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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

SIGNATURE:

changed, or on an attachment with an

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305-592-0394