2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068721

SIGNATURE:

US

TRADING HEMISPHERE, CORP.

FILED Feb 26, 2000 8:00 am Secretary of State 02-26-2000 90068 041 ***150.00

Mailing Address Principal Place of Business 2250 NW 96 AVE 18127 NW 66 CT MIAMI FL 33015-4408 MIAMI FL 33172 00026860 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0443937 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NARVAEZ, OSCAR F Street Address (P.O. Box Number is Not Acceptable) 18127 NW 66 CT MIAMI FL 33015 City Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition PTD ☐ Change Delete TITLE TITLE NARVAEZ, OSCAR F NAME NAME STREET ADDRESS 18127 NW 66 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NARVAEZ, SANDRA V NAME NAME STREET ADDRESS STREET ADDRESS 18127 NW 66 CT CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33015** TITLE ☐ Change □ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 an other like empowered.