

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051226

1. Entity Name

FIRST IN TRADE USA, INC.

Principal Place of Business

7031 GRAND NATIONAL DR  
SUITE 110  
ORLANDO FL 32809  
US

Mailing Address

8035 BRIGHT COURT  
ORLANDO FL 32836-6065  
US

2. Principal Place of Business

3. Mailing Address

8035 BRIGHT CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL 32836

City & State

Zip

32836

Country

USA

Zip

Country

4. FEI Number

59-3254768

Applied For

Not Applicable

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

CIGAGINA, MARCOS P  
7031 GRAND NATIONAL DR  
#110  
ORLANDO FL 32819

Name

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

City

FL

Zip Code

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	CIGAGNA, PAULO M	
STREET ADDRESS	8035 BRIGHT COURT	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	S	<input type="checkbox"/> Delete
NAME	CIGAGNA, MARCOS P	
STREET ADDRESS	7031 GRAND NATIONAL DR, #110	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
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NAME		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARCOS P. CIGAGNA, 4/20/2000 407 354 3835



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90035 010 \*\*\*150.00