

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000057967

1. Entity Name

SOUTH NORTH WAY TRADING, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90016 022 \*\*\*150.00

Principal Place of Business

Mailing Address

10230 NW 47TH ST  
 SUNRISE FL 33351  
 US

10230 NW 47TH ST  
 SUNRISE FL 33351-7970  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0509661

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

~~FRANCA JULIANA  
 941 NE 19TH AVE  
 STE 306A  
 FT LAUD FL 33304~~

Name **NEUZA CÉSAR**

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

**7225 NW 25 SE - SUITE #206**

City

**MIAMI**

**FL**

Zip Code

**33151**

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

*[Handwritten Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/06/2000**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CARDOSO, FRANCISCO H</b>	
STREET ADDRESS	<b>9583 NW 52 CT</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> Delete
NAME	<b>DEFREITAS, DJACI ALVES</b>	
STREET ADDRESS	<b>2933 NW 99 TERR</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04/06/2000 (954) 482295**

CR2E034 (9/99)