

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90039 044 \*\*\*150.00

**DOCUMENT # P94000079087**

1. Entity Name  
**SHINING STAR INT. TRADE, INC.**

Principal Place of Business  
**800 NW 44TH AVE**  
**COCONUT CREEK FL 33066**

Mailing Address  
**800 NW 44TH AVE**  
**COCONUT CREEK FL 33066**

**B0051724**



2. Principal Place of Business  
**5690 W ATLANTIC AVE**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**# 208**

Suite, Apt. #, etc.

City & State  
**DELRAY BEACH FL**

City & State

4. FEI Number **65-0540916**

Applied For

Not Applicable

Zip  
**33484**

Country  
**USA**

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PESSOA MANOEL D**  
**800 NW 44TH AVE**  
**COCONUT CREEK FL 33066**

7. Name and Address of New Registered Agent

Name **WALTER MATOS ANDRADE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5690 W ATLANTIC AVE # 208**  
 City **DELRAY BEACH** **FL** Zip Code **33484**

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) 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, 2002 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

TITLE **P** ☒ Delete  
 NAME **PESSOA, EVANILDA P**  
 STREET ADDRESS **800 NW 44TH AVE**  
 CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE **V** ☒ Delete  
 NAME **MANOEL D PESSOA**  
 STREET ADDRESS **800 NW 44TH AVE**  
 CITY-ST-ZIP **COCONUT CREEK FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT/VICE PRESIDENT/Tr.** ☐ Change ☒ Addition  
 NAME **WALTER MATOS ANDRADE**  
 STREET ADDRESS **5690 W ATLANTIC AVE # 208**  
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **SECRETARY** ☐ Change ☒ Addition  
 NAME **RICARDO GUILHERME**  
 STREET ADDRESS **RUA BARAO GERALDO DE REZENDE #17(117)**  
 CITY-ST-ZIP **CAMPINAS - SAO PAULO - SP BR 1312**

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

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

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

TITLE ☐ Change ☐ 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 a duly empowered.

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/14/02 (561) 8654353**

Date

Daytime Phone #