

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000089300**

1. Entity Name
U.S. BUSINESS & TRADING OVERSEAS, INC.

Principal Place of Business
**275 FONTAINE BLEAU BLVD
STE 100
MIAMI FL 33172
US**

Mailing Address
**P.O. BOX 558433
MIAMI FL 33255**

02 DEC 23 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00110110



2. Principal Place of Business
6917 NW 52 STREET

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip
33166

Country
USA

Zip

Country

REINSTATEMENT DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0554312

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

**AROCHA, FIDEL
3882 S.W. 89TH AVE
MIAMI FL 33165**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
AROCHA, FIDEL E (P)
3882 S.W. 89TH AVE.
MIAMI FL 33165** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**700009785217
01/02/03--01038--018 **\$600.00** ☐ Change ☐ Addit

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
ALFONSO, ABEL
14273 S.W. 24TH STREET
MIAMI FL 33175** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**700009785217
01/02/03--01038--019 **\$150.00** ☐ Change ☐ Addit

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GONZALEZ, LINDA L
3882 S.W. 89TH AVENUE
MIAMI FL 33165** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AROCHA, RENE
14273 SW 24TH STREET
MIAMI FL 33175** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AROCHA, VIVIAN
14273 SW 24TH STREET
MIAMI FL 33175** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

Fidel Arocha

EDEL AROCHA

04/17/02

(305) 593-8040