| 2002 UNIFORM BUS | INESS REPO | RT (UBR) | | AND | | | |
|--|--|---|------------|--|--|-----------------------------|--|
| DOCUMENT # P9400 | 0089300 | • | | in the form | | | |
| Entity Name U.S. BUSINESS & TRADING OVERSEAS, INC. | | | | 02 DEC 23 PM 1: 34 | | | |
| | | | ŀ | SECRETARY OF STA | 75 | | |
| Principal Place of Business | Mailing Address | | | FALLAHASSEE, FLOR | ĺĎΑ | | |
| 275 ECNTAINE BLEAU BLVD | P.O. 880 558433 | | 1, / | OUALOR | U | | |
| STE 189 MIAMI FD \$3172 | MIATH FL 83255 | | | Z 1 (ADDRESO AND AND AND ASSESS DEATH BETALL AND | iak iakka kalaa kishi a | e m će k 2011 | |
| us | | | | | | | |
| 2. Principal Place of Business (0917 NW S2 STREET | 3. Mailing Address | AME | SET. | The same of the sa | | _ | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | i i | CIND DONOT WATERING | IS SPACE |) J | |
| City & State Hi April 1 FL) | City & State | | 4. F | El Number 65-0554312 | | plied For | |
| | Zip | Country | 5. (| Certificate of Status Desired | \$8.75 Add | | |
| Zip 33166 Country USA. 6. Name and Address of Current | Registered Agent | | 7. N | ame and Address of New Register | | | |
| ADOCULA FIDE | | Name | | | | | |
| AROCHA, FIDEL 3882 S.W. 89TH AVE. | | Street Addres | ss (P.O. B | ox Number is Not Acceptable) | | | |
| MIAMI FL 33165 | | | | | | | |
| | Į. | City | | F | Zip Cod | e | |
| 8. The above named entity submits this statement for SIGNATURE Signature, typed or printed name of registered agent to | and the if applicable. (NOTE: | Registered Agent signature rec | | | re | | |
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) | | ! FEE IS \$150.00 2 Fee will be \$550.0 | o ' | 10. Election Campaign Financing | | O May Be | |
| | | le to Department of S | | Trust Fund Contribution. | ☐ Added | to Fees | |
| | DIRECTORS | 12. | State | DITIONS/CHANGES TO OFFICERS A | ND DIRECTOR | S IN 11 | |
| TITLE CEO NAME AROCHA, FIDEL E (P) STREET ADDRESS 3882 S.W. 89TH AVE. | | | AD. | | AND DIRECTOR | S IN 11 | |
| TITLE CEO NAME AROCHA, FIDEL E (P) STREET ADDRESS 3882 S.W. 89TH AVE. CITY-ST-ZIP MIAMI FL 33165 TITLE CFO | DIRECTORS | TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE | AD. | DITIONS/CHANGES TO OFFICERS A | AND DIRECTOR | S IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME AROCHA, RENE STREET ADDRESS CITY-ST-ZIP NAME AROCHA, RENE STREET ADDRESS SW-24TH STREET | DIRECTORS Deleta Deleta Delete | 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | AD () | DITIONS/CHANGES TO OFFICERS A 7000097852 1/02/0301038018 | AND DIRECTOR: Change 1 7 *#\$500.00 Change 1 7 **150.00 | S IN 11 Additic Additic | |
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information principle 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 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

EDEL HWCHA

OH 17 107

(305) (43-80+0.



04/17/02, (305) (43-8040.