

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P91000089300  
 1. Entity Name **U.S. BUSINESS & TRADING OVERSEAS, INC.**

FILED  
 03 JAN -7 AM 11:28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **6917 NW 52<sup>ND</sup> STREET**  
 Suite, Apt. #, etc.  
 City & State **MIAMI, FL**  
 Zip **33166** Country **MIAMI-DADE**

3. Mailing Address **6917 NW 52 STREET**  
 Suite, Apt. #, etc.  
 City & State **MIAMI, FL**  
 Zip **33166** Country **MIAMI-DADE**

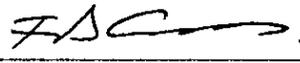
4. FEI Number **05-0554312** Applied For   
 Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name **FIDEL EDEL AROCHA**  
 Street Address (P.O. Box Number is Not Acceptable) **3882 SW 89 AVE.**  
 City **MIAMI** FL Zip Code **33165**

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  DATE **01/04/2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

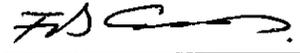
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

**January 1 - May 1: Fee is \$150.00  
 After May 1: Fee is \$550.00  
 Amended UBR is \$61.25  
 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT &amp; CEO<br/>FIDEL E. AROCHA<br/>3882 SW 89<sup>TH</sup> AVENUE, MIAMI, FL, 33165</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>400010437084<br/>01/23/03--01004--009 **150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>LINDA L. GONZALEZ VP<br/>3882 SW 89<sup>TH</sup> AVENUE, MIAMI, FL, 33165</b>                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>400010437084<br/>01/23/03--01004--010 **8.75</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ABEL ALFONSO VP<br/>5825 W 25 COURT, HIALEAH, FL, 33016</b>                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>RENE AROCHA DIRECTOR<br/>114375 SW 24<sup>ST</sup>, MIAMI, FL, 33175</b>                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ERNESTO GONZALEZ, DIRECTOR<br/>3882 SW 89 AVE, MIAMI, FL, 33165</b>                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

3. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **FIDEL EDEL AROCHA** Date **01/04/2003** Daytime Phone # **305-559-0049**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR