

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9000089300

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 52ND STREET

3. Mailing Address
6917 NW 52 STREET

Suite, Apt. #, etc.

City & State **MIAMI, FL**

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Zip **33166** Country **MIAMI-DADE**

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4. FEI Number **05-0554312**

Applied For ☐ Not Applicable ☐

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

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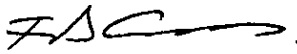
7. Name and Address of Current Registered Agent

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. ☐

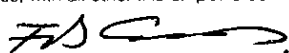
January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & CEO FIDEL E. AROCHA 3882 SW 89TH AVENUE, MIAMI, FL, 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINDA L. GONZALEZ VP 3882 SW 89TH AVENUE, MIAMI, FL, 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABEL ALFONSO VP 5825 W 25 COURT, HIALEAH, FL, 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RENE AROCHA DIRECTOR 14375 SW 24ST, MIAMI, FL, 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERNESTO GONZALEZ, DIRECTOR 3882 SW 89 AVE, MIAMI, FL, 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. 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