

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000091837****1. Entity Name**
FIRST INTERNATIONAL EXPORT TRADING, INC.**Principal Place of Business****6905 NW 52ND ST.**
MIAMI FL 33166**Mailing Address****6905 N.W. 52ND ST**
MIAMI FL 33166
US**2. Principal Place of Business**
3560 NW 115th Ave

Suite, Apt. #, etc.

3. Mailing Address
3560 NW 115th Ave

Suite, Apt. #, etc.

City & State
Miami, FL**Zip**
33178**Country**
USA**City & State**
Miami, FL**Zip**
33178**Country**
USA**4. FEI Number** **65-0535319****Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****CASTRO, EDUARDO**
6905 N.W. 52ND ST
MIAMI FL 33166**7. Name and Address of New Registered Agent****Name**
Castro, Eduardo**Street Address (P.O. Box Number is Not Acceptable)**
3560 NW 115th Ave**City**
Miami**FL****Zip Code**
33178**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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **D** ☐ Delete
NAME **CASTRO, EDUARDO**
STREET ADDRESS **6905 N.W. 52ND ST**
CITY-ST-ZIP **MIAMI FL 33166****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **P** ☒ Change ☐ Addition
NAME **Castro, Eduardo**
STREET ADDRESS **3560 NW 115th Ave**
CITY-ST-ZIP **Miami, FL 33178****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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 reports 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 all other like empowered.****SIGNATURE:** _____**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****Date****Daytime Phone #****01/04/2001 305-471-8169****FILED**
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90024 032 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)