

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001840

1. Entity Name

INTERNATIONAL EXCLUSIVE TRADERS, INC.

FILED

Feb 26, 2001 8:00 am  
Secretary of State

02-26-2001 90510 007 \*\*\*150.00

Principal Place of Business

19390 COLLINS AVENUE., STE 220-A  
NORTH MIAMI BEACH FL 33160  
US

Mailing Address

19390 COLLINS AVENUE., STE 220-A  
NORTH MIAMI BEACH FL 33160  
US

2. Principal Place of Business

1201 NE 191<sup>st</sup> St  
Suite, Apt. #, etc.  
6319

3. Mailing Address

1201 NE 191<sup>st</sup> St  
Suite, Apt. #, etc.  
6319

City & State

N. MIAMI BEACH FL

City & State

N. MIAMI BEACH FL

Zip

33179

Country

USA

33179

Country

USA

4. FEI Number

65-0550163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MENASSE, JOSE

19390 COLLINS AVENUE., STE 220-A  
NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

MENASSE, JOSE

Street Address (P.O. Box Number is Not Acceptable)

1201 NE 191<sup>st</sup> Street Apt 6319

City

N. M. B

FL

Zip Code

33179

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]*

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  
Trust Fund Contribution: ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME PST  
STREET ADDRESS MENASSE, JOSE  
CITY-ST-ZIP 19390 COLLINS AVENUE., STE 220-A  
NORTH MIAMI BEACH FL 33160

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME PST  
STREET ADDRESS MENASSE, JOSE  
CITY-ST-ZIP 1201 NE 191<sup>st</sup> Street Apt 6319  
N. MIAMI BEACH FL 33179

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 20-2001 3059454119

CR2E034 (10/00)