

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90017 031 ***150.00

DOCUMENT # **P95000047085**

1. Entity Name

ONLINE FOREIGN TRADE, INC.

Principal Place of Business

~~8469 NW 68TH STREET~~ **5541 NW 72nd Dr.**
MIAMI FL 33166
US

Mailing Address

~~8469 NW 68TH STREET~~ **5541 NW 72nd Dr.**
MIAMI FL 33166
US

2. Principal Place of Business

5541 NW 72nd Dr.

3. Mailing Address

Suite, Apt. #, etc.
Miami Florida

City & State

City & State

Zip

33166

Country

USA

Zip

33166

Country

USA

Zip

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USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0589019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COBARRUBIAS, ERNESTO JR (Covarrubias)
~~8469 NW 68TH STREET~~ **5541 NW 72 Avenue**
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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	PSTD	<input type="checkbox"/> Delete
NAME	COVARRUBIAS, ERNESTO JR.	
STREET ADDRESS	432 S. ROYAL POINCIANA BLVD	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	COVARRUBIAS, ERNESTO SR.	
STREET ADDRESS	432 S. ROYAL POINCIANA BLVD	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBERTS, RENEE	
STREET ADDRESS	19711 WHISPERING PINES RD	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Covarrubias Ernesto Jr	
STREET ADDRESS	19711 WHISPERING PINES RD	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	Covarrubias ERNESTO SR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19711 WHISPERING PINES RD	
STREET ADDRESS	MIAMI, FLORIDA 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-02 (305) 805-6862

CR2E034 (9/01)