

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90103 031 \*\*\*150.00

**DOCUMENT # P95000078973**

1. Entity Name

**INTER-USA TRADING CORP.**

Principal Place of Business

**9554 NW 41ST ST  
 MIAMI FL 33178  
 US**

Mailing Address

**9554 NW 41ST ST  
 MIAMI FL 33178-2912  
 US**

L J U S S O R U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0620072**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLAUS, KURT R JR.  
 1503 NW 14 STREET  
 MIAMI FL 33125**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	Change	Addition
DS	KOZIAL, KERRY	1820 S. TREASURE DR. #402	N. BAY VILL. FL 33141	<input checked="" type="checkbox"/>	PRESCONG	NELSON REIS E SILVA	R. JOAO PESSOA 228	BLUMENAU. SC. 89036		<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	KOZIAL, KERRY	1820 S. TREASURE DR., #402	N. BAY VILLAGE FL	<input checked="" type="checkbox"/>	DS, 21-11-1-2000	NELSON REIS E SILVA	SAME AS ABOVE.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	NELSON, REIS E SILVA	RUA JOAO PESSOA, 228	BLUMENAU SC 89036	<input checked="" type="checkbox"/>	V	KOZIAL, KERRY	9440 NW 31ST ST	SUNRISE. FL. 33357		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #