2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 13, 2000 8:00 am Secretary of State DOCUMENT # **P9500007897**3 1. Entity Name INTER-USA TRADING CORP. 04-13-2000 90103 031 ***150.00 Principal Place of Business Mailing Address 9554 NW 41ST ST 9554 NW 41ST ST MIAMI FL 33178 MIAMI FL 33178-2912 $L_{\rm H}$ UUUUU Δ U HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0620072 Not Applicable Zip Country Zip ------Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLAUS, KURT R JR. Street Address (P.O. Box Number is Not Acceptable) 1503 NW 14 STREET MIAMI FL 33125 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. trescoons ☐ Addition TITLE Delete TITLE Change NESON POS E SILVA NAME KOZIAL, KERRY NAME STREET ADDRESS STREET ADDRESS K. JOAD PESSON 220 1820 S. TREAURE DR. #402 CITY-ST-ZIP CITY-ST-ZIP BLUMBNAU. SC. 89036 N. BAY VILL. FL 33141 NOISON ROS ESTOVA DS 🔀 Delete ☐ Addition TITLE TITLE Change KOZIAL, KERRY NAME NAME STREET ADDRESS STREET ADDRESS 1820 S. TREASURE DR., #402 SMYE AS ABOUT CITY-ST-7IP--CITY-ST-7IP 'n``bay village fl` Change TITLE Delete TITLE ☐ Addition KOZIAL, KERRY NELSON, REIS E SILVA NAME NAME 9440 NW 3150 STREET ADDRESS STREET ADDRESS RUA JOAO PESSOA, 228 CITY-ST-ZIP CITY-ST-ZIP **BLUEMENAU SC 89036** Sunrise. Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone *