## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P9600051332  1. Entity Name  E.K.M. INTERNATIONAL TRADING, INC.					FILED Feb 19, 2000 8:00 am Secretary of State			
L.(\(\)(\)(\)(\)	ALTERNATIONAL TIERDING, INC			İ		cretary 0 2-19-2000 90009 00		
Principal Place of Business		Mailing Address			0.	2-19-2000 90009 00	8 130.00	,
8356 SW 58TH ST. MIAMI FL 33143		8356 SW 58TH ST. MIAMI FL 33143-1504						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THI	S SPACE	
City & State		City & State		<b>4.</b> F	Et Number	65-0676665		oplied For ot Applicable
Zip	Country	Zip	Country	5. (	Certificate of	Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current Re	gistered Agent		7. 1	Name and Ac	dress of New Registere	d Agent	
8356	IIL, MIGUEL A 3 SW 58TH ST. MI FL 33143	ල දක්කා ය	Street Ad	dress (P.O. B	ox Number is	Not Acceptable)	Zip Cod	e
	named entity submits this statement for th	e purpose of changing its	registered office or i	registered ag	ent, or both, i	n the State of Florida.	'	
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent signatur	e required when re	einstating)	OATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			!! FEE IS \$150.0 00 Fee will be \$59 le to Department	50.00	1	on Campaign Financing Fund Contribution.		<b>10</b> May Be d to Fees
11.	OFFICERS AND DIF		12.		DITIONS/CH	ANGES TO OFFICERS A		
NAME STREET ADDRESS CITY-ST-ZIP	D ABRIL, MIGUEL A 8356 SW 58TH ST. MIAMI FL 33143	Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	8356		UEL 58th Street 33143	( <b>X</b> ) Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ABRII 8356	L, JAC S.W.	QUELINE H. 58th Street 33143	☐ Change	Addition
TITLE NAME STREET ADDRESS		□ Delete	TITLE  NAME  STREET ADDRESS	mlam.	<u>i, FL</u> 		☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			, <u>,</u>	Change	☐ Addition
CITY-ST-ZIP TITLE NAME		☐ Delete	CITY-ST-ZIP TITLE NAME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
13. I hereby o	Dertify that the information supplied with the on this report or supplemental report is truston or the receiver of trustee empower, or on an attachment with an address, with	is filing does not qualify for ue and accurate and that need to execute this report and other like empowered.	the exemption state ny signature shall ha as required by Char	ed in Section ave the same oter 607, Flori	119.07(3)(i), legal effect a ida Statutes;	Florida Statutes. I further of sif made under oath; that and that my name appear	certify that the in am an officer is in Block 11 o	nformation or director or Block 12 if

2/1/2000 305-598-5/59

Date Destine Phone #