

AMENDED
2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

07-21-2003 90131 028 ***61.25
P96000051708
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 30 AM 10:58

DOCUMENT # P96000051708 1. Entity Name CONCORDE INTERNATIONAL TRADING, INC.					
Principal Place of Business 5760 S. SEMORAN BLVD. ORLANDO, FL 32822		Mailing Address 215 N. EOLA DRIVE ORLANDO, FL 32801			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5760 S. Semoran Blvd. Suite, Apt. #, etc.			
City & State		City & State Orlando, FL		4. FEI Number 59-3435075	
Zip 32822		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIEW, CHRIS 5760 S. SEMORAN BLVD. ORLANDO, FL 32822				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when releasing)) DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DPST NAME LIEW, CHIEN E	☒ Delete		TITLE DPST NAME Ricky Ng Sim Loke	☒ Change ☐ Addition	
STREET ADDRESS 5760 S. SEMORAN BLVD.			STREET ADDRESS 5760 S. Semoran Blvd.		
CITY-ST-ZIP ORLANDO, FL 32822			CITY-ST-ZIP Orlando, FL 32822		
TITLE NAME	☐ Delete		TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	☐ Delete		TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	☐ Delete		TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	☐ Delete		TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
12. 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 supplementary 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 10 or Block 11 if changed, or on an attachment to this address, with all other like empowered.					
SIGNATURE: _____ RICKY NG SIM LOKE DATE Office Phone #					

CR12E034 (10/02)

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