

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058381

1. Entity Name

ABC INTERNATIONAL TRADE CORP.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90047 010 \*\*\*150.00

Principal Place of Business

7802 ONTARIO ST CIR  
 STE #1  
 SARASOTA FL 34234  
 US

Mailing Address

7802 ONTARIO ST CIR  
 STE #1  
 SARASOTA FL 34243-4200  
 US

2. Principal Place of Business

5250 S. RAINBOW BLVD

Suite, Apt. #, etc.

SUITE 2044

City & State

LAS VEGAS NV

Zip

89118

Country

USA

3. Mailing Address

5250 S. RAINBOW BLVD

Suite, Apt. #, etc.

SUITE 2044

City & State

LAS VEGAS NV

Zip

89118

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0679797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

VIALA, RENE-MARIE  
 7802 ONTARIO ST CIR STE #1  
 SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name ALAN R. SHAW, CPA

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

4019 78TH DRIVE EAST

City

SARASOTA

FL

Zip Code

34230

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VIALA, RENE-MARIE 5400 26TH STREET WEST NO. K-166 BRADENTON FL 34207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>XXXXXXXXXXXXXXXXXXXX</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

5-1-00

Date

(702) 365-0992

Daytime Phone #

CR2E034 (9/99)