

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90059 044 ***150.00

DOCUMENT # P96000059065

1. Entity Name

GENERAL PRODUCTS TRADE, INC.

Principal Place of Business

**C/O CARDENT INTERNATIONAL, INC.
 2822 NW 79TH AVENUE
 MIAMI FL 33122**

Mailing Address

**% ALBERNI & ALBERNI, P.A.
 4649 PONCE DE LEON BLVD., STE. 404
 CORAL GABLES FL 33146**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0698868

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SANCHEZ, ERNESTO PA
 814 PONCE DE LEON BLVD.
 SUITE 505*
 CORAL GABLES FL 33134**

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.

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, 2002 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 **DVS** ☐ Delete
 NAME **POLLACSEK, GERTRUDE**
 STREET ADDRESS **ALAMEDA CASA BRACA, 1099 -APT.62**
 CITY-ST-ZIP **SAO PAULO, BRAZIL**

TITLE **DPAS** ☐ Delete
 NAME **ZUCKER, BENO**
 STREET ADDRESS **ALAMEDA CASA BRACA, 1099-APT. 62**
 CITY-ST-ZIP **SAO PAULO, BRAZIL**

TITLE **VP** ☐ Delete
 NAME **POLLACSEK, MAURICIO**
 STREET ADDRESS **5601 COLLINS AVE. APT. 1211**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVS** ☒ Change ☐ Addition
 NAME **Pollacsek, Gertrude**
 STREET ADDRESS **Al. Campinas, 1497 - Apto. 91**
 CITY-ST-ZIP **01404-002 Sao Paulo, BRAZIL**

TITLE **DPAS** ☒ Change ☐ Addition
 NAME **Zucker, Beno**
 STREET ADDRESS **Al. Campinas, 1497 - Apto. 91**
 CITY-ST-ZIP **01404-002 Sao Paulo, BRAZIL**

TITLE ☐ Change ☐ Addition
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 NAME
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 CITY-ST-ZIP

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:

Gertrude Pollacsek
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-2002
 Date

Daytime Phone #

CR2E034 (9/01)