

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90103 049 ***150.00

DOCUMENT # **P960000040770**

1. Entity Name

INTERSECTION INTERNATIONAL TRADE & SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7370 NW 36 ST.

Suite, Apt. #, etc.

SUITE 100-E

City & State

MIAMI FL

Zip **33166**

Country **USA**

3. Mailing Address

7370 NW 36 ST.

Suite, Apt. #, etc.

SUITE 100-E

City & State

MIAMI FL

Zip **33166**

Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0683991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CAIO TADEU BRANDAO

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

7370 NW 36 ST

SUITE 100-E

City

MIAMI

FL

Zip Code

33166

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]

Vice-President

04/16/02

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) ☐

January 1, May 1 Fee is \$150.00
Annual May 1 Fee is \$550.00
Amended UBR is \$61.25
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	PRESIDENT
NAME	MARTHA DE SOUZA
STREET ADDRESS	7370 NW 36 ST STE 100-E
CITY- ST- ZIP	MIAMI FL 33166
TITLE	VP
NAME	CAIO TADEU BRANDAO
STREET ADDRESS	7370 NW 36 ST STE 100-E
CITY- ST- ZIP	MIAMI FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/02 (305)599-3031

Date

Daytime Phone #

CR2E034B (12/01)