

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068995

1. Entity Name

CMC INTERNATIONAL TRADING, CORP.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90117 037 ***150.00

Principal Place of Business

Mailing Address

9055 SW 156TH CT.
MIAMI FL 33196

9055 SW 156TH CT.
MIAMI FL 33196-1153

2. Principal Place of Business

8322 N.W. 56 ST.

3. Mailing Address

P.O. BOX 758

Suite, Apt. #, etc.

224

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0688574

Applied For

Not Applicable

Zip

33166

Country

U.S.A.

Zip

33296-0758

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CINQUINO, SARA L
9055 SW 156TH CT.
MIAMI FL 33196

Name

CARLO CINQUINO

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

9055 S.W. 156 CT.

City

MIAMI

FL

Zip Code

33196

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

CARLO CINQUINO

(NOTE: Registered Agent signature required when reinstating)

DATE

01-10-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CIVQUINO, CARLO 9055 SW 156TH CT. MIAMI FL 33196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CIVQUINO, MARZY 9055 SW 156TH CT. MIAMI FL 33196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CIVQUINO, SARA L 9055 SW 156TH CT. MIAMI FL 33196	<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"/> 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
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

CARLO CINQUINO

Date

01-10-00

Daytime Phone #

305-301-8073

CR2E034 (9/99)