

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079955

1. Entity Name

U.B.N. GLOBAL TRADING CORP.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90106 041 ***150.00

Principal Place of Business

700 SO STATE RD 7
 PLANTATION FL 33317
 US

Mailing Address

700 SO STATE RD 7
 PLANTATION FL 33317-4048
 US

2. Principal Place of Business

3. Mailing Address

1055 Peachtree St NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Atlanta GA

4. FEI Number

65-0709292

Applied For

Not Applicable

Zip

Country

Zip

Country

30309

US

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

BOUZA, ANTONIO
 525 VITTORIO AVE.
 CORAL GABLES FL 33146

Name

Patricia Burnside

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

8435 Hollywood Blvd

Suite 104

City

Hollywood

FL

Zip Code

33020

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

Antonio Bouza

4/1/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
 NAME BOUZA, ANTONIO
 STREET ADDRESS 525 VITTORIO AVE.
 CITY-ST-ZIP CORAL GABLES FL 33146

TITLE Director ☐ Change ☒ Addition
 NAME Jack Galardi
 STREET ADDRESS 1055 Peachtree St NE
 CITY-ST-ZIP Atlanta GA 30309

TITLE D ☒ Delete
 NAME NUNEZ, LEANDRO
 STREET ADDRESS 8515 MENTIETH TER.
 CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

404-607-8050

Daytime Phone #

CR2E034 (9/99)