2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # P96000080851 1. Entity Name U.S. DIRECT TRADING CORP. 03-22-2000 90007 047 ***150.00 Mailing Address Principal Place of Business 2872 N.W. 72 AVENUE 2872 N.W. 72 AVENUE MIAMI FL 33122 MIAMI FL 33122-1310 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State Citỳ & State 65-0697803 Not Applicable Zip' Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REGO. MARFISA M Street Address (P.O. Box Number is Not Acceptable) 2872 N.W. 72 AVENUE MIAMI FL 33122 City Zip Code Fl 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. MARFIZA M. REGO PRESCOENT ☐ Addition TITLE D Delete TITLE NAME NAME REGO, MARFISA M NW 72ND AVE STREET ADDRESS STREET ADDRESS 2872 N.W. 72 AVENUE FL - 33122 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 VICE - PRESCOENT Change X Addition ☐ Delete TITLE ROBERTO PEXARA TITLE NAME NAME 2872 NW 72ND AVK STREET ADDRESS STREET ADDRESS - 3317C CITY-ST-ZIP CITY-ST-ZIP MEAHT TRESULE **X** Addition ☐ Delete TITLE BRANCS FERREILA ELDER NAME NAME 7 CUD AVM STREET ADDRESS STREET ADDRESS 33122 CITY-ST-ZIP MIAHE CITY-ST-ZIP Addition ☐ Delete TITLE TITLE RE60 NAME NAME STREET ADORESS 2872 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE Delete TiTt F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE FICER OR DIRECT

3-15-00 (305) 597005

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