

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080851

1. Entity Name

U.S. DIRECT TRADING CORP.

FILED

00 MAY 15 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2872 N.W. 72 AVENUE
MIAMI FL 33122

2872 N.W. 72 AVENUE
MIAMI FL 33122-1310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



AMENDED

4. FEI Number 65-0697803

Applied For
Not Applicable

Zip

Country

Zip

Country

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

REGO, MARFISA M
2872 N.W. 72 AVENUE
MIAMI FL 33122

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
AKA 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	D President REGO, MARFISA M 2872 N.W. 72 AVENUE MIAMI FL 33122	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Jose Roberto Resaca 2872 NW 72nd Av MIAMI - FL 33122	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer ELDER BRANCO FERREIRA 2872 NW 72nd Av MIAMI - FL 33122	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary PAULO REGO 2872 NW 72nd Av MIAMI FL 33122	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	400003286454-4 -06/13/00--01025--021 *****61.25*****61.25	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ 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

Paula P Rego - MARFISA M REGO 5:12:00 (305) 5970058