

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101354

1. Entity Name

TECHNOTRADE USA, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90103 010 ***158.75

Principal Place of Business

Mailing Address

14816 SW 104 ST
 86
 MIAMI FL 33196
 US

14816 SW 104 ST
 86
 MIAMI FL 33196-5231
 US

2. Principal Place of Business

14800 SW 104 ST

3. Mailing Address

14800 SW 104 ST

Suite, Apt. #, etc.

#6

Suite, Apt. #, etc.

#6

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33196

Country

USA

Zip

33196

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0725330

Applied For

Not Applicable

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

FREITAS, EDSON
 14816 SW 104 ST
 #86
 MIAMI FL 33196

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
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

TITLE	PSTD	☐ Delete
NAME	FREITAS, EDSON	
STREET ADDRESS	14816 SW 104 ST STE #86	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	14800 SW 104 ST #6	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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:

EDSON FREITAS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-2000 (305) 383-4478

Date

Daytime Phone #

CR2E034 (9/99)