

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002377

1. Entity Name

INTERNATIONAL TRADING CONCEPTS, INC.

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90097 043 ***150.00

Principal Place of Business

100 NW 82ND AVE., STE. 302
PLANTATION FL 33324

Mailing Address

100 NW 82ND AVE., STE. 302
PLANTATION FL 33324-1835

2. Principal Place of Business

1776 N. Pine Island Rd

3. Mailing Address

1776 N. Pine Island Rd

Suite, Apt. #, etc.

314

Suite, Apt. #, etc.

314

City & State

Plantation FL

City & State

Plantation FL

Zip

33322

Country

USA

Zip

33322

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0928752

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIGOLA, MICHELLE C
LIGHTHOUSE POINT PROFESSIONAL CENTER
5340 N. FEDERAL HWY., STE. 104
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

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)

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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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DISPENZIARE, BENEDETTO J
1781 SW 68TH AVE.
PLANTATION FL 33317

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRIGOLA, MICHELLE C
3850 NE 22ND TER.
LIGHTHOUSE PT. FL 33064

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ 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

Date

Daytime Phone #

4/20/00

954-476-6700

CR2E034 (9/99)