

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022572

1. Entity Name

U.S. TRADE & CONSULTING CORP.

Principal Place of Business

9300 NW 58TH ST #209
MIAMI FL 33178

Mailing Address

PO BOX 800307
AVENTURA FL 33280-0307

2. Principal Place of Business

302

3625 N - COUNTRY CLUB DR

3. Mailing Address

3625 N - COUNTRY CLUB DR

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

302

City & State

AVENTURA, FLORIDA

City & State

AVENTURA, FLORIDA

Zip

33180

Country

Zip

33180

Country

6. Name and Address of Current Registered Agent

STRUGO, EDUARDO
9300 NW 58TH ST
SUITE 209
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name: EDUARDO STRUGO
Street Address (P.O. Box Number is Not Acceptable): 3625 N - COUNTRY CLUB DR
SUITE 302
City: AVENTURA FL Zip Code: 33180

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

04.25.2000

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	PTD	<input type="checkbox"/> Delete
NAME	STRUGO, EDUARDO	
STREET ADDRESS	9300 NW 58TH ST #209	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BRAVO, ANALIA ALICIA	
STREET ADDRESS	%9300 NW 58TH ST #209	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRUGO, EDUARDO	
STREET ADDRESS	3625 N. COUNTRY CLUB DR - #302	
CITY-ST-ZIP	AVENTURA, FL - 33180	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAVO, ANALIA ALICIA	
STREET ADDRESS	3625 N. COUNTRY CLUB DR. #302	
CITY-ST-ZIP	AVENTURA, FL - 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

04.25.2000 - 305.931.8002



DO NOT WRITE IN THIS SPACE

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

05-08-2000 90178 023 ***150.00

CR2E034 (9/99)