

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-08-2000 90111 023 \*\*\*150.00

**DOCUMENT # P97000027325**

1. Entity Name  
**WOOL TRADE CORPORATION**

Principal Place of Business <b>STE 3400 ONE BISCAYNE TOWER          TWO SOUTH BISCAYNE BLVD.          MIAMI FL 33131-1897</b>	Mailing Address <b>STE 3400 ONE BISCAYNE TOWER          TWO SOUTH BISCAYNE BLVD.          MIAMI FL 33131-1806</b>
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**00085000**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>RJVF CORPORATE SERVICES, INC.</b> Suite, Apt. #, etc. <b>c/o Steel, Hector &amp; Davis</b> City & State <b>200 So. Biscayne Blvd., Ste 4000</b> Zip <b>Miami, FL 33131</b> Country <b>U.S.A.</b>	
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4. FEI Number <b>65-0830521</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**VALDES-FAULI CORPORATE SERVICES INC.  
 STE 3400 ONE BISCAYNE TOWER  
 TWO SOUTH BISCAYNE BLVD.  
 MIAMI FL 33131-1897**

7. Name and Address of New Registered Agent  
 Name  
**RJVF CORPORATE SERVICES, INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~5200 Blue Lagoon Drive~~ **c/o Steel, Hector & Davis**  
~~Suite 700~~ **200 So. Biscayne Blvd., Ste 4000**  
 City  
**Miami, FL 33131** **FL** Zip Code  
**33126**

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.  
**RJVF CORPORATE SERVICES, INC.**  
 By: **Raul G. Valdes-Fauli, President** **04/17/00**  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS DEVOTO, GUILLERMO STE 3400 2 SO BISCAYNE BLVD. MIAMI FL 33131-1897</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** **Guillermo Devoto, President** **(305) 261-0500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)