

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041433

1. Entity Name

FIRST INTERNATIONAL TRADING, INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90004 035 \*\*\*150.00

Principal Place of Business

Mailing Address

8073 NW 54 ST  
MIAMI FL 33166  
US

8073 NW 54 ST  
MIAMI FL 33166-2778  
US

2. Principal Place of Business

3. Mailing Address

8276 NW 70 ST  
Suite, Apt. #, etc.

8276 NW 70 ST  
Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33166

33166

4. FEI Number

65-0751411

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

ORTA, DAYRON F  
8073 NW 54 STREET  
MIAMI FL 33166

Name

Street Address (P.O. Box Number is Not Acceptable)

8276 NW 70 Street

City

FL

Zip Code

MIAMI FL 33166

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ORTA, DAYRON F  
STREET ADDRESS 17449 SW 21 COURT  
CITY-ST-ZIP MIRAMAR FL 33029 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME AMARO, ALFREDO  
STREET ADDRESS 8145 NW 7 STREET #220, MIDWAY CLUB  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME PESCADOR, LIDIA  
STREET ADDRESS 1900 WEST 68 STREET  
CITY-ST-ZIP HIALEAH FL 33014 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME ORTA, LIDIA M  
STREET ADDRESS 17449 SW 21 COURT  
CITY-ST-ZIP MIRAMAR FL 33029 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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)(l), 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:

*Lidia Oorta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

Date

(325) 470-1995

Daytime Phone #

CR2E034 (9/99)