

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90223 039 ***150.00

DOCUMENT # P97000051877
1. Entity Name MULTITRADING-PROCARGO USA INC.23114

DO NOT WRITE IN THIS SPACE

11034561

2. Principal Place of Business 23114 SANDALFOOT Suite, Apt. #, etc. PLAZA DRIVE City & State BOCA RATON, FL Zip 33428	3. Mailing Address 23114 SANDALFOOT Suite, Apt. #, etc. PLAZA DRIVE City & State BOCA RATON, FL Zip 33428
---	---

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0759864	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name DERCILIO F. OLIVEIRA JR. Street Address (P.O. Box Number is Not Acceptable) 23114 SANDALFOOT PLAZA DRIVE City BOCA RATON FL Zip Code 33428	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **DERCILIO F. OLIVEIRA JR. - PRES 4-29-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES DERCILIO F. OLIVEIRA JR. 23114 SANDALFOOT PLAZA DRIVE BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRES MARIA SCHULTZ-OLIVEIRA 23114 SANDALFOOT PLAZA DRIVE BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **D. OLIVEIRA - PRES 4-29-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #