

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000066616**

1. Entity Name

MARKETING INTERNATIONAL TRADING, INC.**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90180 012 ***150.00

C0013303



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7421 N.W. 54 STREET MIAMI FL 33166	182 LAKE VIEW DRIVE. #104. BLDG. 14 FORT LAUDERDALE FL 33326

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	16316 SAPPHIRE DR.

City & State	City & State
Zip	Country
33331	USA.

4. FEI Number	65-0840509	Applied For
		<input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
HEALTHCARE MANAG. & BILLING CONSULTANTS 9211 KENDALE BLVD. MIAMI FL 33176

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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	URBINA, GUSTAVO
STREET ADDRESS	182 LAKE VIEW DRIVE #104 BLDG 14
CITY-ST-ZIP	FT LAUDERDALE FL 33326
TITLE	VSD
NAME	URBINA, IDALIA DE
STREET ADDRESS	182 LAKE VIEW DRIVE #104 BLDG 14
CITY-ST-ZIP	FT LAUDERDALE FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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 #
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CR2E034 (10/00)