1 of 2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090639

1. Entity Name

AME TRADE INTERNATIONAL, INC.

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FILED

02 DEC 23 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400009635004
12/23/02--01051--009 **158.75

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2. Principal Place of Business	3. Mailing Address
104 S.W. 180TH AVENUE	104 S.W. 180TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL
Zip: 33029 Country: USA	Zip: 33029 Country: USA

4. FEI Number: 65-0794531 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: AILTON DE SOUZA

Street Address (P.O. Box Number is Not Acceptable): 104 S.W. 180TH AVENUE

PEMBROKE PINES FL Zip Code 33029

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: X _____ X 12-14-2002

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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P/J/T/S/D
NAME	AILTON DE SOUZA
STREET ADDRESS	104 S.W. 180TH AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33029

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 12-14-2002 954-432-8078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Pembroke Pines 12.14.2002

Dear sir

I HAVE NOT BEEN ABLE TO WORK SINCE APRIL OF 2002, I HAVE BEEN IN and OUT OF HOSPITAL I HAVE HAD 3 MICRO SURGERY ON MY LOWER BACK HAVE NOT BEEN ABLE TO LOOK FOR ANY PAPER WORK, NOW I'M A LITTLE BETTER and IT CAME TO MY ATTENTION I HAVE NOT RECEIVED THE UNIFORM BUSINESS REPORT 2002. SINCE I'M ABLE TO WORK A LITTLE I NEED TO HAVE THE NAME OF THIS COMPANY RUNING SO I CAN MAKE MY LIFE A LITTLE EASIER I'M THE ONLY PERSON WORKING WITH THIS COMPANY NAME.
THANKS FOR YOU COMPREHENSION
SINCERELY ALTON DE SOUZA