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

DOCUMENT # **P97000090639**
1. Entity Name
AME TRADE INTERNATIONAL, INC.

FILED
02 DEC 23 PM 12: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400009635004
12/23/02--01051--009 **158.75

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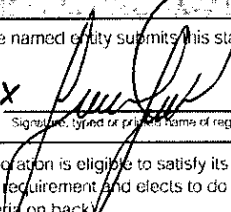
2. Principal Place of Business 104 S.W. 180TH AVENUE		3. Mailing Address 104 S.W. 180TH AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL	
Zip 33029	Country USA	Zip 33029	Country USA

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DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0794531		Applied For ☐
	Not Applicable		
	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
	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.

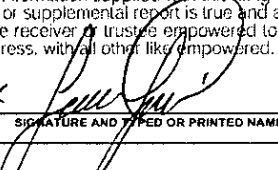
SIGNATURE ☒  DATE **12-14-2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/N/T/S/D Ailton De Souza 104 S.W. 180TH AVENUE PEMBROKE PINES, FL 33029	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: ☒  **12-14-2002 954-432-8078**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

Rumbrohe Pines 12.19.2002

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 RUNNING SO I CAN MAKE MY LIFE A LITTLE EASER I'M THE ONLY PERSON WORKING WITH THIS COMPANY NAME.

THANKS FOR YOUR COMPREHENSION

Sincerely Ailton de Souza