

FILED  
May 21, 2002 8:00 am  
Secretary of State

04-04-2002 90018 010 \*\*\*158.75

2002 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000091905

1. Entity Name

Wolfe International Trading Co.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4734 Mendoza Avenue

3. Mailing Address  
473 Mendoza Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 4

Apt. 4

City & State

City & State

Coral Gables, Florida

Coral Gables, Florida

4. FEI Number  
65-0791631

Applied For  
Not Applicable

Zip

Country USA

Zip

Country USA

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Juan A. Figueroa, P.A., C.P.A.

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

2701 S. Le Jeune Road, Suite 310

City

Coral Gables,

FL

Zip Code  
33134

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)

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
Wolfe, Gilbert R.  
473 Mendoza Avenue, Apt. 4  
Coral Gables, Fl. 33134

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)