

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021545

1. Entity Name

GLOBAL TRADING IMPORT & EXPORT CORPORATION

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90141 011 ***150.00

Principal Place of Business
7401 E. Country Club Blvd.
942 W. CAMINO REAL
BOCA RATON FL 33486
33487

Mailing Address
7401 E. Country Club Blvd.
942 W. CAMINO REAL
BOCA RATON FL 33487-1541
33487

2. Principal Place of Business
7401 E. Country Club Blvd.
Suite, Apt. #, etc.

3. Mailing Address
7401 E. Country Club Blvd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FL
Zip
33487
Country
P.B.

City & State
Boca Raton, FL
Zip
33487
Country
P.B.

4. FEI Number **NOT APPLICABLE**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASON, MARCELA
942 W. CAMINO REAL
BOCA RATON FL 33486
7401 E. Country Club Blvd.
Boca Raton, FL 33487

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 John Mason
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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	QUIROZ SUAREZ, VICTOR HUGO	
STREET ADDRESS	942 W. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 duly empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)