

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**  
 05-16-2000 90159 004 \*\*\*150.00

**DOCUMENT # P98000022294**

1. Entity Name

C.N.V. INTERNATIONAL TRADING, INC.

Principal Place of Business

Mailing Address

2700 W. ATLANTIC BLVD., STE. 200-12  
 POMPANO BEACH FL 33069

P.O. BOX 680426  
 ORLANDO FL 32868-0426

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3495987

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

FARIAS LINS FIOR, ALEXANDRE JOSE  
 6607 HIAWASSEE MEADOWS DR.  
 ORLANDO FL 32818

Name

REGUEIRA, RICARDO LUIZ

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

6607 HIAWASSEE MEADOWS DR.

City

ORLANDO

FL

Zip Code

32818

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.

RICARDO LUIZ REGUEIRA

(NOTE: Registered Agent signature required when reinstating)

04-27-00

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	VPT	<input type="checkbox"/> Delete
NAME	LIMA, LUDGERO F	
STREET ADDRESS	2700 W. ATLANTIC BLVD., STE. 200-12	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	REGUEIRA, RICARDO L.C.	
STREET ADDRESS	2700 W. ATLANTIC BLVD., STE. 200-12	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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  
 RICARDO LUIZ REGUEIRA

04-27-00 (407)2931944

Date

Daytime Phone #

CR2E034 (9/99)