2001 UNIFORM BUSINESS REPORT (UBR)

EIGH TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAMI FL 33126 MAMI FL 33126 D 0 0 2 5 2 2 4 Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired \$ 50.75 Additional FREETAS, JOSE 1210 NW 72ND AVE. MIAMI FL 33126 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Signature, typed or pritted name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or pritted name of registered agent and title if additional forms of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or pritted name of registered agent and title if additional forms of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or pritted name of registered agent and title if additional forms of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or pritted name of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or pritted name of registered agent and title if additional forms of registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or pritted name of registered agent, or both, in the State of Florida. Signature, typed or pritted name of registered agent and title if additional forms of registered agent, or both, in the State of Florida. Signature agent agent agent agent agent and title if additional forms of registered agent, or both, in the State of Florida. Signature agent	2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000027244 1. Entity Name DOUBLE TRADING EXPORT, INC.					FILED Mar 15, 2001 8:00 am Secretary of State 03-15-2001 90192 028 ***158.75		
Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name FREITAS, JOSE 1210 NW 72ND AVE. MIAMI FL 33126 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 1. This corporation is eligible to satisfy its intangible Tax Illing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. FEIT Number Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code 15. City FL Zip Code Added to Fe City FL Zip Code City FL Zip Code Added to Fe City FL Zip Code City FL Zip City FL	Principal Place of Business 1210 NW 72ND AVE. MIAMI FL 33126		1210 NW 72ND AVE.					III 0 (0) L C 01
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Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional \$8.75 Additional \$8.75 Additional \$8.75 Additional \$9.75 Additional \$1.00 NW 72ND AVE. MIAMI FL 33126 City FL Zip Code	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Secretarian Signature Si	City & Stat	te	City & State		4.	4. FEI Number 65-0826478 Applied For Not Applicable		
FREITAS, JOSE 1210 NW 72ND AVE. MIAMI FL 33126 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 Signature, typed or printed name of registered agent and 59e if applicable. (NOTE: Registered Agent signature required when relinating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) TITLE DEFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1' TITLE DEVICE REGISTER ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Change A C	Zip	Country	Zip	Country	5.		\$8.75 Add	itional
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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	1210 NW 72ND AVE.			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
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