## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOČUMENT # **P98000050298**

Country

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## **FILED** May 02, 2000 8:00 am

**\$8.75** Additional

Fee Required

1. Entity Name	corpor	Secretary	of State
- U.S.A. VERDE AMARELO INC	<del></del>		23 045 ***150.00
Compu-Univers	e Trading Inc.		
Principal Place of Business	Mailing Address		
124 SE FIRST STREET #406 MIAMI FL 33131	124 SE FIRST STREET #406 MIAMI FL 33131-1402		
2. Principal Place of Business	3. Mailing Address	. I HALIFA BI INDI	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE	
City & State	City & State	4. FEI Number 65-0851172	Applied For
			Not Applicable

7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Kyu Yong Cho HOBAN, CHIE K Street Address (P.O. Box Number is Not Acceptable) 7355 NW 41 STREET MIAMI FL 33166 3877 Bimini Zip Code 33026 City Cooper City

Country

5. Certificate of Status Desired

the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named en Yong Cho, President SIGNATUR and title if applicable FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 , Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition PSTD **PSTD** 🔀 Delete TITLE TITLE CHO, TEA S NAME Kyu Yong Cho .12901 NW 1 ST #112 STREET ADDRESS STREET ADDRESS 3877 Bimini CITY-ST-ZIP PEMBROKE PINES FL 33028 CITY-ST-ZIP Cooper City, FL 33026 Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 the 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.

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE A NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Kyu Yong Cho

Change

☐ Addition