

2000 UNIFORM BUSINESS REPORT (UBR)

0255446

APPROVED
AND
FILED

00 FEB -9 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000081370

1. Entity Name

COMMERCIAL INTERNATIONAL TRADING, INC.

Principal Place of Business

Mailing Address

230 NW 183RD ST.
MIAMI FL 33169

230 NW 183RD ST.
MIAMI FL 33169-4462

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

65-0867400

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

ROWE, KENNETH
230 NW 183RD ST.
MIAMI FL 33169

Name

DENISE WASHINGTON

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

230 NW 183rd Street

City

Miami

FL

Zip Code
33169

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.

DENISE WASHINGTON

(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 P ☒ Delete
NAME ROWE, KENNETH
STREET ADDRESS 230 NW 183RD ST.
CITY-ST-ZIP MIAMI FL 33169

TITLE D ☒ Change ☒ Addition
NAME DENISE WASHINGTON
STREET ADDRESS 230 NW 183rd Street
CITY-ST-ZIP Miami, FL 33169

TITLE S ☒ Delete
NAME ROWE, TERRY
STREET ADDRESS 13384 SW 108 STREET
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Change ☐ Addition
NAME 800003136878--2
STREET ADDRESS -02/16/00--01016--010
CITY-ST-ZIP *****158.75 *****158.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Denise Washington, Director (305) 770-3650

02/08/00

Daytime Phone #

CR2E034 (9/99)