2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 14, 2000 8:00 am Secretary of State DOCUMENT # **P98000084502** INTER AMERICAN TRADING SERVICES, INC. 04-14-2000 90088 019 ***163.75 Mailing Address Principal Place of Business 10391 NW 18TH PLACE 10391 NW 18TH PLACE PLANTATION FL 33322-3549 PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address 900 DOSWOOD DRIVE 900 DOSINOOD DRIVE Suite, Apt. #, etc. 337 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 337 Applied For City & State 4. FEI Number City & State 65-0873336 ELRAY BEACH BEACH Not Applicable W. PALM ISCH 5. Certificate of Status Desired \$8.75 Additional Fee Required N. PALH BCH 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent UIS A VALENCIA HINCAPIE, GUILLERMO Street Address (P.O. Box Number is Not Acceptable) 10391 NW 18TH PLACE PLANTATION FL 33322 900 DOGWOOD DRIVE-SUITE 337 8. The above named entity submits this statement for the purpose of changing its registered office or register agent, or both, in the State of Florida required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** Mav Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT Addition TITI F Change MARUJA VALENCIA 900 DOGWOOD DRIVE-STE-337 □ Detete NAME SALAZAR, MARCO ARBEY STREET ADDRESS STREET ADDRESS CALLE 7 NO. 12-15 DELRAY BEACH-FL 33483 CITY-ST-ZIP CITY-ST-ZIP BUGA VALLE, COLOMBIA, S.A. OC EHAIRMAH Change ☐ Addition TITLE ☐ Delete MARCO A. SALAZAR TITLE 900 DOEWOOD DRIVE-STE 337 NAME NAME STREET ADDRESS STREET ADDRESS DELRAY BEACH-FL 33483 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1100 L. A TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling boes 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 eport 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 true tee empowered to execute this poort 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. other like emp