2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000006803** May 07, 2000 8:00 am Secretary of State 1. Entity Name AMERICAN ECUADORIAN TRADING CORPORATION 05-07-2000 90035 035 ***150.00 Mailing Address Principal Place of Business 9517 W. FLAGLER ST. 9517 W. FLAGLER ST. SUITE 111 **SUITE 111** MIAMI FL 33174-2012 MIAMI FL 3. Mailing Address 2. Principal Place of Business 9517 W Flagler St. 9517 W Flagker St. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. PMB-111 PMB - 111 City & State City & State 4. FEI Number Applied For 65-0923714 MIAMI - FL MIANI .. Not Applicable Zip 33174 Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent NEJA MIGUEL PAREJA, MIGUEL 9517 W. FLAGLER ST. **SUITE 111** MIAMI FL hent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity symmits this Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition D TITLE ☐ Delete TITLE MIGUEL E. PAREJA 12951 NW 1 St., Apt. 304 PAREJA, MIGUEL NAME NAME STREET ADDRESS STREET ADDRESS 9517 W. FLAGLER ST. Pembroke Pines. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

REQUIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: