2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000020119** Jun 06, 2000 8:00 am **Secretary of State** NICSA TRADING CORPORATION 06-06-2000 90004 024 ***150.00 Mailing Address Principal Place of Business 1786 NORTH COMMERCE PARKWAY 1786 NORTH COMMERCE PARKWAY WESTON FL 33166 WESTON FL 33326-3204 2. Principal Place of Business 3. Mailing Address 186 North Commerce Adrikan Suite, Apt..#, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE FLOR: DA WESTON City & State City & State 4. FEI Number Applied For 65-0919076 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33326 Fee Required U5/& 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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, 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 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change ☐ Detete TITLE BERMEJO, CARLOS M NAME NAME AVDA. DE LA BUHAIRA 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 41018 SEVILLA, ESPANA ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DSY-3893434

Daytime Phone #

CB2F034 (9