2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 23, 2001 8:00 am DOCUMENT # P99000049635 **Secretary of State** 1. Entity Name MIAMI TRADE IMPORT/EXPORT CENTER, INC. 01-23-2001 90093 042 ***158.75 Principal Place of Business Mailing Address 2229 NORTHWEST 23RD WAY 2229 NORTHWEST 23RD WAY BOCA RATON FL 33431 BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address 2200 Gludes Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 102-A City & State City & State Applied For 4. FEI Number 65-0928104 Boca Raton Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X 33431 USA Fèe Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARUN ANA CRISTINA MARUN, ANA CHRISTINA Street Address (P.O. Box Number is Not Acceptable) 2229 NW 23 WAY **BOCA RATON FL 33431** 2200 Glades Road 51e. 102-A 8. The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 01-10-01 SIGNATURE inted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DVTS CR2E034 (10/00) Addition TITLE Delete TITLE Change MARUN ANA CRISTINA MARUN, ANA CHRISTINA NAME NAME 2200 Glades Road - 102-A STREET ADDRESS STREET ADDRESS 2229 NORTHWEST 23RD WAY CITY-ST-7/P CITY-ST-7IP **BOCA RATON FL 33431** Boca Ruton, Fl 33431 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP Delete TITLE ☐ Change Addition NAME* NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 epon 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-01