2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000049843**

MIAMI FL 33131

ITC INTERNATIONAL TRADE CORP.

Principal Place of Business

Mailing Address

1101 BRICKELL AVENUE SUITE 1100

1101 BRICKELL AVENUE SUITE 1100

MIAMI FL 33131-3151

FILED Mar 09, 2000 8:00 am **Secretary of State**

03-09-2000 90089 030 ***150.00

2. Principal Place of Business 3. Mailing Address 4711 NW 79Th DE HAII N.W 79TH AVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 40 Applied For City & State 4. FEI Number City & State Not Applicable ウシストリノ Zip Country \$8.75 Additional 5. Certificate of Status Desired 33/66 DADE 33166 DADE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ORTIZ, ROBERTO GOMEZ Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVENUE SUITE 1100 **MIAMI FL 33131** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 1 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After 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. Change Addition TITLE □ Delete ORTIZ, ROBERTO GOMEZ NAME 4711 NW 79Th ADENUE. STREET ADDRESS 1101 BRICKELL AVENUE SUITE 1100 STREET ADDRESS MIANI FL 33166 STE 4D CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33131** □ Delete TITLE FRANCO, MARTHA HELENA A NAME NAME 4711 NW 79+H AVENUE 1101 BRICKELL AVENUE SUITE 1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Addition Delete TITLE ☐ Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 atlachment with an address, with all other like empowered.

Daytime Phone # Date