

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90318 023 ***150.00

DOCUMENT# P99000069419

1. Entity Name

HOWAT INTERNATIONAL TRADE SYSTEMS, CORP.

Principal Place of Business

**7455 COLLINS AVE # 205
 MIAMI BEACH, FL 33141**

Mailing Address

SAME ADDRESS

2. Principal Place of Business

7455 COLLINS AVE

3. Mailing Address

SAME ADDRESS

Suite, Apt #, etc.

205

Suite, Apt #, etc.

City & State

MIAMI BEACH-FLORIDA

City & State

4. FEI Number

522192040

Applied For

Not Applicable

Zip

Country

33141

USA

Zip

Country

USA

5. Certificate of Status Desired

☐

\$8.75-Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

Name

HOWAT RODRIGUES, JOSE G

Street Address (P O Box Number is Not Acceptable)
7455 COLLINS AVE SUITE # 205

City

MIAMI BEACH

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/03/2002

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 may Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☐ Delete
 NAME **HOWAT RODRIGUES, JOSE G**
 STREET ADDRESS **AV MARECHAL HENRIQUE LOTT 180 BL 01 #2506**
 CITY - ST - ZIP **BRAZIL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE **V/D** ☐ Delete
 NAME **COELHO, RICARDO LUIZ**
 STREET ADDRESS **7501 E TREASURE DRIVE APT 3-K**
 CITY - ST - ZIP **NORTH BAY VILLAGE, FL 33141**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE **V/D** ☐ Delete
 NAME **MACHADO, ARNALDO LOPES**
 STREET ADDRESS **RUA CANDIDO MENICIO, 2557 APT 201**
 CITY - ST - ZIP **BRAZIL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 qualified 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/2002 (305)867-7474

Date

Daytime Phone #