

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90104 007 ***150.00

DOCUMENT # P990000 86213
 1. Entity Name *Intertrade Forex, Inc. N/C 4-6-2000*

2. Principal Place of Business
 3519 BONAIRE BLVD. #1915
 KISSIMMEE, FL 34741

*DT
 LIA
 P.O.
 TALLAHASSEE*

00055844

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 State, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
 59-3600118
 Applied For
 Not Applicable
 5. Certificate of Status Due: \$8.76 Additional Fee Required

6. Name and Address of Current Registered Agent
 VIRBALA PATEL
 3519 BONAIRE BLVD. #1915
 KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. If 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: Name or office name of registered agent and title (BLOCK 11) 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, 2000 Fee will be \$650.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P/S/T	VIRBALA PATEL	3519 BONAIRE BLVD. #1915	KISSIMMEE, FL 34741	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
S/T/D	VIRBALA PATEL	3519 BONAIRE BLVD. #1915	KISSIMMEE, FL 34741	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P/D	PRITESH PATEL	7180 S.O.B.T. #820	ORLANDO, FL 32809	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP/D	NILAIN PATEL	3519 BONAIRE BLVD. #1915	KISSIMMEE, FL 34741	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 an office like empowered.

SIGNATURE: *x [Signature]* Virbala Patel/President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/27/00 -x
 Date Secretary of State #