FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUL 31 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000086867

1. Entity Name
TRUSTONE INTERNATIONAL BUSINESS, CORP.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 10-02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10521 NORTH KENDALL DR	10521 NORTH KENDALL DR
Suite, Apt #, etc SUITE E-106	Suite, Apt #, etc SUITE E-106
City & State MIAMI FL	City & State MIAMI FL
Zip 33176 Country	Zip 33176 Country

4. FEI Number 65-1028998

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name RUBEN REYESEWEST
Street Address (P.O. Box Number is Not Acceptable) 15520 SW 80TH ST SUITE 106-B
City MIAMI FL Zip 33193

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) Date

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE DP NAME RUBEN REYESEWEST STREET ADDRESS 15520 SW 80TH ST SUITE 106B CITY-ST-ZIP MIAMI FL 33193	TITLE DP NAME RUBEN REYESEWEST STREET ADDRESS 15520 SW 80TH ST SUITE 106-B CITY-ST-ZIP MIAMI FL 33193
TITLE DV DELETE NAME FRANK O CASTANON STREET ADDRESS 15615 SW 74 TH CIR DV SUITE 203 CITY-ST-ZIP MIAMI FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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DO NOT WRITE IN THIS SPACE

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 4/30/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

gr 8/1/02