

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092144

1. Entity Name

JINTRADE USA, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90059 019 \*\*\*150.00

Principal Place of Business

1101 BRICKELL AVENUE SUITE 1100  
 MIAMI FL 33131

Mailing Address

1101 BRICKELL AVENUE SUITE 1100  
 MIAMI FL 33131-3151

2. Principal Place of Business

7372 NW 12 STREET

3. Mailing Address

7372 NW 12 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0955065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENA, J. DAVID

1101 BRICKELL AVENUE SUITE 1100  
 MIAMI FL 33131

Name

VILLEGAS, JUAN

Street Address (P.O. Box Number is Not Acceptable)

10918 NW. 69 TER

City

MIAMI

FL

Zip Code

33178

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

x Juan Camilo Villegas

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

(NOTE: Registered Agent signature required when reinstating)

x 04/28/00

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 \$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 D ☐ Delete  
 NAME VILLEGAS, JUAN  
 STREET ADDRESS 1101 BRICKELL AVENUE SUITE 1100  
 CITY-ST-ZIP MIAMI FL 33131

TITLE D ☒ Change ☐ Addition  
 NAME VILLEGAS, JUAN  
 STREET ADDRESS 10918 NW. 69 TER  
 CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

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 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.

SIGNATURE:

x Juan Camilo Villegas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-00 305-7186699

Date

Daytime Phone #

CR2E034 (9/99)