

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91894 009 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000092144						80111541	
1. Entity Name JINTRADE USA, INC.							
Principal Place of Business 8250 N.W. 27 STREET SUITE 308 MIAMI, FL 33122				Mailing Address 8250 N.W. 27 STREET SUITE 308 MIAMI, FL 33122			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
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			
VILLEGAS, JUAN 10918 NW 69TH TERRACE MIAMI, FL 33179				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when submitting)							
DATE _____							
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS							
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
Delete ☐				Change ☐ Addition ☐			
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Delete ☐				Change ☐ Addition ☐			
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 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.							
SIGNATURE: 				Date: 05/01/03 3056293900			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			