2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000092386 Mar 01, 2000 8:00 am Secretary of State INFONET TRADING, CORP. 03-01-2000 90083 033 ***150.00 Mailing Address Principal Place of Business 15829 N.W. 4TH STREET 15829 N.W. 4TH STREET PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33028-1593 2. Principal Place of Business 3. Mailing Address 3100 NW Fland. Due. 3100 NW Fand. Due Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ± 120 # 120 City & State City & State Applied For FLORIDA 65-0956116 MIAHI Not Applicable FLOWDA MIAMI - Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired 33195 33 I D D Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANIEL \mathcal{D} (ES DIEZ. DANIEL Street Address (P.O. Box Number is Not Acceptable) 72 nd. Ave 15829 N.W. 4TH STREET -#120 PEMBROKE PINES FL 33028 Zip Code MIAMI 8. The above named exiting submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE _> (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE TITLE DIER, DANIEL DIEZ. DANIEL NAME 3100 NW 72nd. Ave - #120 STREET ADDRESS STREET ADDRESS 15829 N.W. 4TH STREET MIAMI, FL. 33122 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 Addition DIVIS ☐ Delete ☐ Change TITLE SANGUINEM, ELSA NAME NAME STREET ADDRESS STREET ADDRESS 3100 NW 72 nd. Dre - # 120 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 visitee employered 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 empowered. SIGNATURE: X Daytime Phone # PRINTED NAME OF SIGNING OFFICER OR DIRECTOR