## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State DOCUMENT # S49467 1. Entity Name 05-13-2002 90182 047 \*\*\*150 00 WORLD TRADE LEASING, INC. Principal Place of Business Mailing Address 20931 VIA JASMINE. #6 20931 VIA JASMINE, #6 **BOCA RATON FL 33428 BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address 4688 LUCERNE LAKE BLUD 43071 SHADOW TERRACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SHEE 102 ~City & State Applied For ty & State ----4. FEI Number 59-3069857 Not Applicable LAKE WORTH LEESBURG <sup>Zip</sup> 33467 Country \$8.75 Additional Country Zip 5. Certificate of Status Desired 20176 USA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARBOZA NEIREL. BARBOSA, NEIRE L Street Address (P.O. Box Number is Not Acceptable) ONE SOUTH OCEAN BLUD. - SUITE 315 20931 VIA JASMINE, #6 **BOCA RATON FL 33428** Zip Code 33432 BOCA RATON 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees ee criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT Change | ☐ Addition □ Delete TITLE BARRETTO, EDGARD P. BARRETTO, EDGARD P NAME NAME 43071 SHADOW TERRACE 20931 VIA JASMINE, #6 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** LEESBURG, VAZO176 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIP

04/25/02

703-777-7345

Daytime Phone #