

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90036 018 ***150.00

DOCUMENT # S55405

1. Entity Name
INTER-TRADE GROUP OF AMERICA, INC.

Principal Place of Business

7366 NW 72TH ST
 7366 NW 12TH ST
 MIAMI FL 33126
 US

Mailing Address

POST OFFICE BOX 820205
 MIAMI FL 33082
 US

2. Principal Place of Business

15240 SW 72ND STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KENDALL - FL

City & State

4. FEI Number

65-0260547

Applied For

Not Applicable

Zip
 33193

Country
 US

Zip

Country

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

6. Name and Address of Current Registered Agent

CALARESE, ROBERTO B.
 7366 NW 12TH ST
 MIAMI FL 33126

7. Name and Address of New Registered Agent

Name
 CALARESE ROBERTO

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

531 NW 205TH AVE.

PEMBROKE PINES

FL

33029

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CALARESE, ROBERTO V.
STREET ADDRESS 531 NW 205 AVE
CITY-ST-ZIP PEMBROKE PINES FL

TITLE VP ☐ Delete
NAME CALARESE, MARIA
STREET ADDRESS 2547 JARDIN LN
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NP ☒ Change ☐ Addition
NAME CALARESE MARIA
STREET ADDRESS 531 NW 205TH AVE.
CITY-ST-ZIP PEMBROKE PINES - FL 33029

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

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

TITLE ☐ Change ☐ Addition
NAME
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, which is other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-02

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CR2E034 (9/01)