**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 20, 2002 8:00 am S96350 DOCUMENT # **Secretary of State** 1. Entity Name 02-20-2002 90053 039 \*\*\*150.00 CONSOLIDATED WORLD TRADERS, INC. Principal Place of Business Mailing Address 1515 N. FEDERAL HWY 1515 N. FEDERAL HWY SUITE 215 SUITE 215 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address 17227 BOCA CLUB BLVD. 17227 BOCA CLUB BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0297628 Not Applicable BOCA RATON BOCA RATON FL Country Country \$8.75 Additional 5. Certificate of Status Desired 33487 Fee Required 33487 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>VAN WELIE, ERIK</u> VAN WELIE, ERIK Street Address (P.O. Box Number is Not Acceptable) 1515 N. FEDERAL HWY., SUITE 215 17227 BOCA CLUB BLVD. # **BOCA RATON FL 33432** City Zip Code BOCA RATON 33487 raits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named entity se 2-4-02 ERIK VAN WELIE: SIGNATURE (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 Tax filing requirement and elects to do so. After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) TITLE PRESIDENT Change ☐ Addition ☐ Delete TITLE welie, jan van NAME NAME VAN WELIE, JAN SAN MARTIN DE PORRES 18 STREET ADDRESS STREET ADDRESS TETELO VARGAS # 37 SANTO DOMINGO, REP CITY-ST-ZIP CITY-\$T-ZIP SANTO DOMINGO, REPUBLICA DOMINICANA TITLE ☐ Change Addition X Delete TITLE assadourian, sylvia NAME NAME 3580 LIMOGES ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VILLE ST LAURENT CA CITY-ST-ZIP TITLE X Delete TITLE ☐ Change ☐ Addition ADAMS, PAT NAME NAME 102 WICKSTEED AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOUNT ROYAL, CANADA TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP 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 truslee 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:

DIG. 1 SIGNATURE AND

DIREKÎK VAN WELIE

(561)862-0602

Daytime Phone #