2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # V16226** Apr 22, 2000 8:00 am Secretary of State 1. Entity Name WELTRADE INTERNATIONAL, INC. 04-22-2000 90104 024 ***150.00 Principal Place of Business Mailing Address PO BOX 811114 2263 NW BOCA RATON BLVD BOCA RATON FL 33481-1114 SUITE 107 BOCA RATON FL 33431 HS 2. Principal Place of Business 3. Mailing Address 263 N.W. Boca Raton Blue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 202 Applied For City & State 4. FEI Number City & State 11-2698867 Not Applicable Country Žip Country \$8.75 Additional 5. Certificate of Status Desired Pee Required 6._Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent WHALEN, TIMOTHY L. Street Address (P.O. Box Number is Not Acceptable) 301 CLEMATIS SUITE 200 WEST PALM BEACH FL 33401 Zip Code City FI. 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 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) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE Delete Walther, Edgar A. NAME NAME 1263 H.W. Boca Raton Blud. Ste. 202 2263 NW BOCA RATON BLVD. STE 107 STREET ADDRESS STREET ADDRESS Boca Raton FL 33431 CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE DEL GAUDIO, FRED M. NAME NAME 2263 N.W. Boca Raton Blud. Ste 202 2263 NW BOCA RATON BLVD. STE 107 STREET ADDRESS STREET ADDRESS Boca Ratun, FL 33431 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 C Addition ☐ Delete TITLE Change TITLE 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 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP