

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90075 046 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V46794

1. Entity Name

International Trader Inc

Principal Place of Business

Mailing Address

328 Crandon Blvd

#226

Key Biscayne FL 33149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

27 City & State

4. FEI Number

65-0361294

Applied For

Not Applicable

Zip

County

25

Zip

County

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOMINGO CORTINEZ

150 Ocean Lane Drive, Suite 2-G

Key Biscayne, FL 33149

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust
Fund Contribution

\$5.00 May be
added to Fees

11. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DOMINGO CORTINEZ
150 Ocean Lane Drive, Suite 2G
Key Biscayne, FL 33149

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Per Domingo Cortinez

☐ DELETE

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

13. I do 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 annual report or supplemental annual 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, or on attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/27/00

805-365-0725