

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V54814

1. Entity Name

INTERMARKET TRADING ADVISORS INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90035 047 \*\*\*158.75

Principal Place of Business

Mailing Address

1500 CORPORATION CENTER WAY  
SUITE 202  
WELLINGTON FL 33414  
US

13860-12 WELLINGTON TRACE  
SUITE 500  
WELLINGTON FL 33414  
US

2. Principal Place of Business

5537 NW 90th Terrace

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

4. FEI Number

65-0354838

Applied For

Not Applicable

Zip

33351

Country

USA

Zip

Country

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

JAFFE & COMPANY, P.A.  
3900 HOLLYWOOD BLVD.  
STE. 302  
HOLLYWOOD FL 33021

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

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**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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DT  
NAME NISHIKAWA, RENATO T  
STREET ADDRESS AL JAU, 327, AP11 SAO PAULA  
CITY-ST-ZIP SP BR D1420

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Sao Paulo Brasil

☐ Change

☐ Addition

clarification

TITLE DC  
NAME ISHIDA, MASAHIKO  
STREET ADDRESS NFS BLDG 6F 1-1-11 NIHOMBASHI NINGYOCHO  
CITY-ST-ZIP CHUO-KU TO 103 J

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP CHUO-KU, TOKYO JAPAN 103

☐ Change

☐ Addition

clarification

TITLE DP  
NAME DECKER, DENNIS  
STREET ADDRESS 15200 MEADOWWOOD DRIVE  
CITY-ST-ZIP WELLINGTON FL 33414

☐ Delete

TITLE DP  
NAME Decker, Dennis  
STREET ADDRESS 2049 Polo Gardens Dr #107  
CITY-ST-ZIP Wellington, FL 33414

☒ Change

☐ Addition

TITLE DS  
NAME MARRIOTT, PHILLIP B.  
STREET ADDRESS 1845 SOUTH 140 EAST  
CITY-ST-ZIP OREM UT 84058

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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 DIRECTOR

4/1/2000 (561) 753-6500

Date

Daytime Phone #

CR2E034 (9/99)