

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90070 027 \*\*\*158.75

DOCUMENT # V54814

1. Entity Name

INTERMARKET TRADING ADVISORS, INC.



**DO NOT WRITE IN THIS SPACE**

70027625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4227 161<sup>ST</sup> Terrace NORTH

Suite, Apt. #, etc.

PO Box 666990

City & State

LOXAHATCHEE, FL

City & State

Pompano, FL

Zip

33470

Country

PALE BEACH

Zip

33066-6990

Country

BROWARD

4. FEI Number

650354838

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name JAFFE, KAUFMAN & SARBAY, LLC

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

Suite 201

3107 STIRLING Rd

City

Ft Lauderdale

FL

Zip Code

33312-8500

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

3-10-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

C  
MASAHITO ISHIDA #457  
8912 E. Pinnacle PEAK Rd  
Scottsdale, AZ 85255

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PT  
DENNIS DECKER  
2216 Cypress Bend Dr N #108  
Pompano Beach, FL 33069

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
RENATO NISHIKAWA  
RUA CETA 138 COTIA  
SAO PAULO, BRASIL, 06705-525

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

*[Signature]*