

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V65007

1. Entity Name

INTERNATIONAL BUSINESS TRADING, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90015 023 ***150.00

Principal Place of Business

Mailing Address

7350 NW 7TH STREET
SUITE 201-A
MIAMI FL 33126
US

7350 NW 7TH STREET
SUITE 201-A
MIAMI FL 33126-2977
US

101349



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9260 SW 72nd ST

3. Mailing Address

9260 SW 72nd ST

Suite, Apt. #, etc.

#117

Suite, Apt. #, etc.

#117

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0377318

Applied For

Not Applicable

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

CRESPO, ALEJANDRO
9260 SW 72ND ST
#117
MIAMI FL 33173

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
JIMENEZ, LUIS C.
9260 SW 72ND STREET, #117
MIAMI FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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

Date

Daytime Phone # 305-271-3094

CR2F034 (9/99)