2000 UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # **V67808** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name C & B INTERNATIONAL TRADING GROUP, INC. 04-21-2000 90149 022 ***150.00 Principal Place of Business Mailing Address 5656 BAY SIDE DR. 4305 VINELAND RD ORLANDO FL 32819-4045 #G-9 ORLANDO FL 32811 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4 4. FEI Number Applied For City & State 59-3152940 Not Applicable RLANDO \$8.75 Additional 5. Certificate of Status Desired 3281 Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CLAVER-CARONE, MAYDA Street Address (P.O. Box Number is Not Acceptable) 5656 BAY SIDE DR. ORLANDO FL 32819 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition TITLE ☐ Delete CLAVER-CARONE, MAYDA NAME 3711 VINELAND ROAD STREET ADDRESS STREET ADDRESS 5656 BAY SIDE DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 Addition ☐ Delete TITLE TITLE CLAVER-CARONE, MAURICIO NAME NAME STREET ADDRESS 5656 BAYSIDE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 Change ☐ Addition ☐ Delete 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 ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 impowered 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.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR