

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90047 010 ***150.00

DOCUMENT # P96000058381

1. Entity Name
ABC INTERNATIONAL TRADE CORP.

Principal Place of Business

7802 ONTARIO ST CIR
STE #1
SARASOTA FL 34234
US

Mailing Address

7802 ONTARIO ST CIR
STE #1
SARASOTA FL 34243-4200
US

2. Principal Place of Business

5250 S. RAINBOW Blvd
Suite, Apt. #, etc.
SUITE 2044

City & State
LAS VEGAS NV
Zip 89118 Country USA

3. Mailing Address

5250 S. RAINBOW Blvd
Suite, Apt. #, etc.
SUITE 2044

City & State
LAS VEGAS NV
Zip 89118 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0679797**

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

VIALA, RENE-MARIE
7802 ONTARIO ST CIR STE #1
SARASOTA FL 34243

Name **ALAN R. SHAW, CPA**
Street Address (P.O. Box Number is Not Acceptable)
4019 78TH DRIVE EAST
City **SARASOTA FL** Zip Code **34230**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	PSTD	<input type="checkbox"/> Delete
NAME	VIALA, RENE-MARIE	
STREET ADDRESS	5400 26TH STREET WEST NO. K-166	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 **5-1-00** Daytime Phone # **(702) 365-0992**

CR2E034 19/999