

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91307 006 \*\*\*150.00

05/24/02 AI

**DOCUMENT # P96000058381**

1. Entity Name

**ABC INTERNATIONAL TRADE CORP.**

Principal Place of Business

**5250 S RAINBOW BLVD  
 STE 2044  
 LAS VEGAS NV 89118  
 US**

Mailing Address

**5250 S RAINBOW BLVD  
 STE 2044  
 LAS VEGAS NV 89118  
 US**

2. Principal Place of Business

**5355 S. EDMOND ST**

3. Mailing Address

**5355 S. EDMOND ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE # 1082**

**SUITE # 1082**

City & State

**LAS VEGAS NV**

City & State

**LAS VEGAS NV**

Zip **89118**

Country **USA**

Zip **89118**

Country **USA**

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

**SHAW, ALAN R  
 4019 78TH DRIVE EAST  
 SARASOTA FL 34230**

7. Name and Address of New Registered Agent

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:

**FILE NOW!!! FEE IS \$150.00**

~~After May 1, 2002 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD VIALA, RENE-MARIE 5400 28TH STREET WEST NO. K-166 BRADENTON FL 34207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD VIALA RENE-MARIE 5355 S. EDMOND ST SUITE # 1082 LAS VEGAS NV 89118</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE