

# 2000 UNIFORM BUSINESS REPORT (UBR)

1082

**FILED**

01 MAY 16 AM 11:05

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

DOCUMENT # **698185**  
1. Entity Name  
**MABESA TRADING Corp.**

Principal Place of Business Mailing Address  
**32415 W. 100 Ave MIAMI FL 33165** **3241 SW. 100 Ave MIAMI FL 33165**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number **69-2137527** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MARIO GARCIA**  
**3241 SW. 100 Ave**  
**MIAMI FL 33165**

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 \_\_\_\_\_ (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	
TITLE	<b>P</b>
NAME	<b>GARCIA MARIO</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>3241 SW. 100 Ave</b>
CITY-ST-ZIP	<b>MIAMI FL 33165</b>
TITLE	<b>J.</b> <input type="checkbox"/> Delete
NAME	<b>GARCIA DAISY</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>3241 SW. 100 Ave</b>
CITY-ST-ZIP	<b>MIAMI FL 33165</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LS</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>900004287409-0</b>
STREET ADDRESS	<b>-05/22/01--01076--004</b>
CITY-ST-ZIP	<b>****150.00 ****150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: **Mario Garcia**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5-11-01** Daytime Phone # **305-227-5441**

202

DATE: 5-11-01

FL. DEPARTMENT OF STATE  
ANNUAL REPORT

MR. TYRON

PER OUR CONVERSATION PLEASE CHECK YOUR RECORDS THAT MY  
CORPORATION MARISA TRADING Corp  
DOCUMENT # 698185

NEVER RECEIVED THE ANNUAL REPORT THIS YEAR. PLEASE ACCEPT OUR  
PAYMENT WITHOUT PENALTY DUE TO THAT WE NEVER RECEIVED THE  
REPORT.

THANKING YOU IN ADVANCE!

Daisy Garcia  
SIGNATURE

DAISY GARCIA  
PRINT NAME/ TITLE