

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90465 001 \*\*\*150.00

**DOCUMENT # F01000000071**

1. Entity Name  
**P.M.I. TRADING LIMITED INC.**

Principal Place of Business      Mailing Address  
**AV. MARINA NACIONAL 329 PISO 20**      **AV. MARINA NACIONAL 329 PISO 20**  
**MEXICO. D.F. 11311**      **MEXICO. D.F. 11311**

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      Applied For  
**98-0137302**      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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 Tax filing requirement and elects to do so.  (See criteria on back)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEL RIO, EDUARDO M</b> <b>AV. MARINA NACIONAL 329 PISO 20 COL</b> <b>MEXICO D.F.</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERNANDEZ, ROSENDO Z</b> <b>AV. MARINA NACIONAL 329 PISO 20 COL</b> <b>MEXICO D.F.</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAYCOTTE, RAUL C</b> <b>AV. MARINA NACIONAL 329 PISO 20 COL</b> <b>MEXICO D.F.</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROJAS, EDMUNDO B</b> <b>AV. MARINA NACIONAL 329 PISO 20 COL</b> <b>MEXICO D.F.</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANCHEZ, LUIS G</b> <b>AV. MARINA NACIONAL 329 PISO 20 COL</b> <b>MEXICO D.F.</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALABAT, JUAN C</b> <b>AV. MARINA NACIONAL 329 PISO 20 COL</b> <b>MEXICO D.F.</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>MARTINEZ EDUARDO</b> <b>AV. MARINA NACIONAL 329 PISO 20</b> <b>MEXICO D F 11311</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>DE LA GARZA BERNARDO</b> <b>AV MARINA NACIONAL 329 PISO 20</b> <b>COL. HUASTECA MEXICO, D.F.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>ZAMBRANO ROSENDO</b> <b>AV. MARINA NACIONAL 329 PISO 20</b> <b>MEXICO D F 11311</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>BEJAR EDMUNDO</b> <b>AV. MARINA NACIONAL 329 PISO 20</b> <b>MEXICO D F 11311</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>GARNICA LUIS</b> <b>AV. MARINA NACIONAL 329 PISO 20</b> <b>MEXICO D F 11311</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>CABALLERO JUAN</b> <b>AV. MARINA NACIONAL 329 PISO 20</b> <b>MEXICO D F 11311</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: **LUIS GARNICA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 4, 2002

0052-55-5227-0092

Date

Daytime Phone #

CR2E034 (9/01)