

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K05266

1. Entity Name

MIAMI TRADING CHANNEL, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90180 049 ***150.00

Principal Place of Business

P.O. BOX 521881
MIAMI FL 33152-1881
US

Mailing Address

P.O. BOX 521881
MIAMI FL 33152-1881
US

2. Principal Place of Business

275 FONTAINEBLEAU BLVD.

Suite, Apt. #, etc.

150

City & State

MIAMI, FL

Zip

33172

Country

USA

3. Mailing Address

275 FONTAINEBLEAU BLVD.

Suite, Apt. #, etc.

150

City & State

MIAMI, FL

Zip

33172

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0023438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDIVIL, HECTOR
275 FONTAINEBLEAU BLVD
STE 105
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

SUITE 150

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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
NAME
STREET ADDRESS
CITY - ST - ZIP

PTS
MENDIVIL, HECTOR
275 FONTAINE BLEAU BLVD #150
MIAMI FL

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HECTOR MENDIVIL

4/20/01

Date

305-225-9255

Daytime Phone #

CR2E034 (10/00)