2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State
02-28-2002 90041 015 ****55.00

DOCUMENT # L00000000648

1. Entity Name
RED W TRADING L.L.C.

Principal Place of Business	Mailing Address
3607 TORREMOLINOS AVENUE MIAMI FL 33178-2915	3607 TORREMOLINOS AVENUE MIAMI FL 33178-2915

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		2121 PONCE DE LEON BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 240	
City & State		City & State CORAL GABLES, FL	
Zip	Country	Zip 33134	Country

4. FEI Number 65-0976380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name: PRATS, GABRIEL Street Address (P.O. Box Number is Not Acceptable): 2121 PONCE DE LEON BLVD. SUITE 240 City: CORAL GABLES FL Zip Code 33134

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] 2-12-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DABUS, FREDERICO SAVI 3607 TORREMOLINOS AVENUE MIAMI FL 33178-2915	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] SIGNATURE REQUIRED 02/07/2002 305 513-8981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #