

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-12-2002 90622 008 ***158.75

DOCUMENT # P00000090025

1. Entity Name
EF & AR TRADING AND CARGO, INC.

Principal Place of Business
 6260 NW 173 ST. #11124
 MIAMI FL 33015

Mailing Address
 60160 NW 173 ST
 1104
 MIAMI FL 33015

2. Principal Place of Business
6260 NW 173

3. Mailing Address
6260 NW 173

Suite, Apt. #, etc.
Apt # 1101

Suite, Apt. #, etc.
Apt # 1101

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33015

Country
DADE

Zip
33015

Country
DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1043184** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ABRAMSON, EDWARD J
7270 NW 12TH ST, SUITE 580
MIAMI FL 33126

7. Name and Address of New Registered Agent
 Name **RAN DO, FERNANDO**
 Street Address (P.O. Box Number is Not Acceptable)
6260 NW 173 ST. # 1101
 City **MIAMI** FL Zip Code **33015**

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 **FERNANDO RAN DO** DATE **03/29/02**

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. **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	PD RAN DO, FERNANDO 10295 COLLINS AVE, SUITE 1220 BAL HARBOUR FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARRIAZU, RICARDO 10295 COLLINS AVE, SUITE 1220 BAL HARBOUR FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: **FERNANDO RAN DO** **PRESIDENT** **305.844-1875**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)