2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014035

1. Entity Name

WIDE COAST TRADING CO.

FILED
Feb 04, 2000 8:00 am
Secretary of State
02-04-2000 90005 039 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O DENISE V. POWERS. P.A. 2600 DOUGLAS ROAD. SUITE 501 CORAL GABLES FL 33134	C/O DENISE V. POWERS. P.A. 2600 DOUGLAS ROAD. SUITE 501 CORAL GABLES FL 33134-6134

2. Principal Place of Business	3. Mailing Address
7225 NW 25 Street	7225 NW 25 Street
Suite Apt. #, etc.: 314	Suite Apt. #, etc.: 314
City & State: Miami, FL	City & State: Miami, FL
Zip: 33122 Country: USA	Zip: 33122 Country: USA

4. FEI Number 65-0904146 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POWERS, DENISE V ESQ
2600 DOUGLAS ROAD, SUITE 501
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: Carmen Arquer
Street Address (P.O. Box Number is Not Acceptable): 7225 NW 25th ST. STE 314
City: Miami FL Zip Code: 33122

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 X [signature] CARMEN ARQUER PRESIDENT DATE 1/26/00

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARQUER, CARMEN LUCIA 2600 DOUGLAS ROAD, SUITE 501 CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7225 NW 25 Street, Suite 314 Miami, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: X SIGNATURE REQUIRED Carmen Arquer (305)592-3331

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