

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90022 006 ***150.00

DOCUMENT # F97000005683

1. Entity Name
WEIMAR TRADING CORP.

Principal Place of Business

1 SE 3RD AVE., #1980
 MIAMI FL 33131

Mailing Address

1 SE 3RD AVE., #1980
 MIAMI FL 33131

2. Principal Place of Business

One S.E. Third Ave.,

3. Mailing Address

One S.E. Third Ave.,

Suite, Apt. #, etc.

Suite 2250

Suite, Apt. #, etc.

Suite 2250

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

Zip

33131

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

AMKGS REGISTERED AGENTS, INC.
 1980 SUNTRUST INTERNATIONAL CTR.
 ONE SE 3RD AVE.
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

AMKGS REGISTERED AGENTS, INC.

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

One S.E. Third Avenue

Suite 2250

City

Miami

FL

Zip Code

33131

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ABALLI, ARTURO J JR	
STREET ADDRESS	1 SE 3RD AVE., #1980	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	<input type="checkbox"/> Delete
NAME	FERNANDEZ, CARIDAD	
STREET ADDRESS	1 SE 3RD AVE., #1980	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aballi, Arturo J.	
STREET ADDRESS	One S.E. Third Ave., Suite 2250	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez, Caridad	
STREET ADDRESS	One S.E. Third Ave., Suite 2250	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

CP2E034 (9/01)