

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90280 015 ***150.00

DOCUMENT # P01000085385

1. Entity Name
P.B.J. TRADING, CORP.



Principal Place of Business
10109 NW 46TH STREET
SUNRISE FL 33351

Mailing Address
10109 NW 46TH STREET
SUNRISE FL 33351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10109 NW 46TH STREET

3. Mailing Address
10109 NW 46TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SUNRISE - FL

City & State
SUNRISE - FL

4. FEI Number
65-113-53-43

Applied For
☐ Not Applicable

Zip
33351

Country
USA

Zip
33351

Country
USA

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

6. Name and Address of Current Registered Agent

NETO, EMILIO J
10109 NW 46TH STREET
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name **NETO, EMILIO J**
 Street Address (P.O. Box Number is Not Acceptable)
10109 NW 46TH STREET
 City **SUNRISE** **FL** Zip Code **33351**

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 **PTD**
 NAME **NETO, EMILIO J** ☐ Delete
 STREET ADDRESS **RUA 2400, NUMERO 240/APT. 501**
 CITY-ST-ZIP **BALNEARIO CAMBURIU SC BRAZIL**

TITLE **VPSD**
 NAME **MONTEIRO, PEDRO EMILIO** ☐ Delete
 STREET ADDRESS **RUA 2400, NUMERO 240/APT. 501**
 CITY-ST-ZIP **BALNEARIO CAMBURIU SC BRAZIL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/2002 (954) 915 0338
 Date Daytime Phone #

CR2E034 (9/01)