

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 698185

1. Entity Name

MABESA TRADING CORPORATION

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90101 048 ***150.00

Principal Place of Business 3241 S.W. 100 AVENUE MIAMI FL 33165	Mailing Address 3241 S.W. 100 AVENUE MIAMI FL 33165-3861
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3241 S.W. 100 AVE	3. Mailing Address 3241 S.W. 100 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI FL.	City & State MIAMI FL.

4. FEI Number 59-2137527	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 33165	Country U.S.A.	Zip 33165	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GARCIA, MARIO 3241 S.W. 100 AVE MIAMI FL 33165	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (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, 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	
TITLE P	<input type="checkbox"/> Delete
NAME GARCIA, MARIO	
STREET ADDRESS 3241 S.W. 100TH AVENUE	
CITY-ST-ZIP MIAMI FL	
TITLE S	<input type="checkbox"/> Delete
NAME GARCIA, DAISI	
STREET ADDRESS 3241 S.W. 100TH AVENUE	
CITY-ST-ZIP MIAMI FL 33165	
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	<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: *Mario Garcia* **REQUIRE** 4-24-00 305-227-5441
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)