

# 2000 UNIFORM BUSINESS REPORT (UBR)

1062

**DOCUMENT #** 698185

**1. Entity Name**  
MABESA TRADING Corp.

**Principal Place of Business** 32415 W. 100 Ave  
MIAMI FL 33165

**Mailing Address** 3241 SW. 100 Ave  
MIAMI FL 33165

**FILED**  
01 MAY 16 AM 11:05  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 69-2137527

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

**Applied For** ☐ **Not Applicable**

**6. Name and Address of Current Registered Agent**

MARIO GARCIA  
3241 SW. 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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. **DATE** \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P GARCIA MARIO 3241 SW. 100 Ave MIAMI FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete J. GARCIA DAISY 3241 SW. 100 Ave MIAMI FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition LS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900004287409-0 -05/22/01--01076--004 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 **5-11-01** **305-227-5441**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

202

DATE: 5-11-01

FL. DEPARTMENT OF STATE  
ANNUAL REPORT

MR. TYRON

PER OUR CONVERSATION PLEASE CHECK YOUR RECORDS THAT MY  
CORPORATION MABESA TRADING Corp

DOCUMENT # 698185

NEVER RECEIVED THE ANNUAL REPORT THIS YEAR. PLEASE ACCEPT OUR  
PAYMENT WITHOUT PENALTY DUE TO THAT WE NEVER RECEIVED THE  
REPORT.

THANKING YOU IN ADVANCE!

Daisy Garcia  
SIGNATURE

DAISY GARCIA  
PRINT NAME/ TITLE