

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT

1. Entity Name

F01000002632

EATON TRADING INC.

02 OCT -8 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

200008307352--6
-10/10/02--01053--017
****558.75 ****558.75

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2800 Biscayne Blvd

Suite, Apt. #, etc.

999 Ponce de Leon Blvd

City & State

Suite 530

City & State

C/o Sonolux Inc. Suite 1020

Zip

Miami, Florida

Zip

Coral Gables, Fl.

33137

33134

4. FEI Number

47-0886134

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

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

Hernan Mosquera

999 Ponce De Leon Blvd

City

FL

Zip Code

Suite 1020 Coral Gables

33134

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* *Hernan Mosquera*
Signature, typed or printed name of registered agent and the applicable.

DR. HERNAN
MOSQUERA

(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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	Hernan Mosquera - Treasurer Carrera 13 #37-32 Bogota Colombia
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jaime Pava 999 Ponce de Leon Blvd. Suite 1020 Coral Gables, Fl. 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zita Alvarez Secretary 8850 SW 123 Court Apt. H-107 Miami 33186

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *X* *Hernan Mosquera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. HERNAN
MOSQUERA

SEPT. 7/02

Date

305-444-4431

Daytime Phone

CR2E034B (12/01)