2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **G13716** Apr 13, 2000 8:00 am Secretary of State TRADING OVERSEAS CO., INC. 04-13-2000 90051 011 ***150.00 Principal Place of Business Mailing Address 2030 NW 94TH AVE 2030 NW 94TH AVE MIAMI FL 33172-2331 MIAM! FL 33172 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2276571 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAUNEDO, AGUSTIN JR Street Address (P.O. Box Number is Not Acceptable) 2030 NW 94TH AVE MIAMI, FL 33172 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. Addition ☐ Delete TITLE TITLE CAUNEDO, ZUNILDA NAME NAME STREET ADDRESS 2030 NW 94TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** Addition ☐ Change TITLE ☐ Delete TITLE NAME CAUNEDO, AGUSTIN, JR NAME STREET ADDRESS 2030 NW 94TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Change ☐ Addition ☐ Delete TITLE TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00

Bo5/493-17N

Daytime Phone #