

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J76374

1. Entity Name

FORBES TRADING CORP.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90105 011 ***150.00

Principal Place of Business

7260 NW 58TH ST.
MIAMI FL 33166

Mailing Address

7260 NW 58TH ST.
MIAMI FL 33173-4658

2. Principal Place of Business

9745 SW 72nd ST

3. Mailing Address

9745 SW 72nd ST

Suite, Apt. #, etc.

214

Suite, Apt. #, etc.

214

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33173

Country

DADE

Zip

33173

Country

DADE

4. FEI Number

59-2809869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESPINEL, AGUSTIN D.
7260 NE 58TH STREET
NORTH MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

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

9745 SW 72nd ST
SUITE # 214

City

MIAMI

FL

Zip Code

33173

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, 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	PD	<input type="checkbox"/> Delete
NAME	ESPINEL, AGUSTIN D.	
STREET ADDRESS	7260 N.W. 58TH ST.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ESPINEL, AGUSTIN D.	
STREET ADDRESS	7260 N.W. 58TH ST.	
CITY-ST-ZIP	MIAMI LAKES FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9745 SW 72nd ST # 214	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9745 SW 72nd ST # 214	
CITY-ST-ZIP	MIAMI FL 33173	
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AGUSTIN D. ESPINEL

3/31/2000

(305) 275-7331

Date

Daytime Phone #

CR2E034 (9/99)