

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90261 004 \*\*\*150.00

07000022 AV

**DOCUMENT # K34470**

**1. Entity Name**  
**RIGEL TRADING CORPORATION**



**Principal Place of Business**  
**7875 NORTHWEST 12TH STREET**  
**STE 109B**  
**MIAMI FL 33126**  
**US**

**Mailing Address**  
**7875 NORTHWEST 12TH STREET**  
**STE 109B**  
**MIAMI FL 33126**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0074439**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

**7. Name and Address of New Registered Agent**

**PICANS, RENE**  
**13315 SW 98 PL**  
**MIAMI FL 33176**

Name **PICANS RENE**

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

**8814 SW 113 PL CIRE**

City **MIAMI**

**FL**

Zip Code **33176**

**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. I am familiar with, and accept the obligations of, registered agent.**

SIGNATURE

*[Signature]* **RENE PICANS**

**4/21/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD** ☐ Delete  
NAME **PICANS, YOLANDA A.**  
STREET ADDRESS **13315 SW 98 PLACE**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☒ Change ☐ Addition  
NAME **8814 SW 113 PL CIRE**  
STREET ADDRESS **MIAMI FL 33176**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VSD** ☐ Delete  
NAME **PICANS, RENE G.**  
STREET ADDRESS **13315 S.W. 98 PLACE**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☒ Change ☐ Addition  
NAME **8814 SW 113 PL CIRE**  
STREET ADDRESS **MIAMI FL 33176**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **TD** ☐ Delete  
NAME **AMADO, JULIO E.**  
STREET ADDRESS **13315 S.W. 98TH PLACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition  
NAME **8814 SW 113 PL CIRE**  
STREET ADDRESS **MIAMI FL 33176**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*[Signature]* **RENE PICANS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/03 305-894-7102**  
Date Daytime Phone #

CR2E034 (10/02)