

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K48344

1. Entity Name

KEY TRADING, CORP.

Principal Place of Business

6903 NW 82ND AVENUE

MIAMI FL, 33166

Mailing Address

6903 NW 82ND AVENUE

MIAMI FL, 33166

2. Principal Place of Business

6991 N.W. 82 Ave.

Suite, Apt. #, etc.

Suite 1

City & State  
Miami, FL

Zip  
33166

Country  
USA

3. Mailing Address

6991 N.W. 82 Ave.

Suite, Apt. #, etc.

Suite 1

City & State  
Miami, FL

Zip  
33166

Country  
USA

6. Name and Address of Current Registered Agent

CARLOS PAIVA

6547 SW 116TH PLACE

UNIT C

MIAMI FL, 33173

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

(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	P/S	<input checked="" type="checkbox"/> Delete
NAME	CARLOS PAIVA	
STREET ADDRESS	6547 SW 116TH PLACE UNIT C	
CITY-ST-ZIP	MIAMI FL, 33173	
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		
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	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS PAIVA	
STREET ADDRESS	6991 N.W. 82nd Ave., Suite 1	
CITY-ST-ZIP	Miami FL 33166	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90095 044 \*\*\*150.00

825757

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0087184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

CR2E034 (9/99)

03/15/2000 305)4774330