

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90016 014 ***150.00

DOCUMENT # K53420

1. Entity Name

CAVALIER TRADING U.S.A., INC.



DO NOT WRITE IN THIS SPACE

94040237

2. Principal Place of Business

6831 S.W. 51 Street

3. Mailing Address

6831 S.W. 51 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33155-5707

Country

U.S.A.

Zip

33155-5707

Country

U.S.A.

4. FEI Number

65-0094593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROLDAN L. TORRES-SIERRA

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

6831 S.W. 51 Street

City

Miami

FL

Zip Code

33155-5707

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
TORRES-SIERRA, ROLDAN L.
6831 S.W. 51st ST
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
TORRES, IRMA
6831 S.W. 51st ST
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 5, 2004 305-666-0232

Date

Daytime Phone #

CR2E034B (12/02)