

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90231 001 ****50.00

DOCUMENT # L00000011821

1. Entity Name

TORO TRADING LLC

Principal Place of Business

1051 NORTHWEST 78TH AVE.

MIAMI FL 33126

Mailing Address

1251 NORTHWEST 78TH AVE.

MIAMI FL 33126

900000

2. Principal Place of Business

7225 NW 25th Street

3. Mailing Address

7225 NW 25th Street

Suite, Apt. #, etc.

209

Suite, Apt. #, etc.

209

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33122

Country

U.S.A.

Zip

33122

Country

U.S.A.

4. FEI Number

65-1044143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**STEIN, ERIC P P.A.
 913 NORMANDY DRIVE
 MIAMI BEACH FL 33141**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **DAVILA, ALEJANDRO**
 STREET ADDRESS **1351 NW 78TH AVE**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
 NAME **DAVILA, ALEJANDRO**
 STREET ADDRESS **1408 BRICKELL BAY DRIVE**
 CITY-ST-ZIP **MIAMI, FLORIDA 33131**

TITLE **MGR** ☐ Change ☒ Addition
 NAME **STUART, MARK**
 STREET ADDRESS **1130 VENETIAN WAY #2C**
 CITY-ST-ZIP **MIAMI, FLORIDA 33139**

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

03/15/2002

305-5940084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (9/01)