

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90057 050 ****50.00

0010943

DOCUMENT # L00000013927

1. Entity Name

CISA TRADING USA LLC

Principal Place of Business

**8410 NW 53RD TERRACE, SUITE 112
MIAMI FL 33166**

Mailing Address

**8410 NW 53RD TERRACE, SUITE 112
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1053827

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERNANDEZ, EDUARDO ESQ.
501 BRICKELL KEY DR., SUITE 400
MIAMI FL 33131**

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR GUASTI, ANDREA 8410 NW 53RD TERRACE, SUITE 112 MIAMI FL 33166			
MGR DOS SANTOS, CLAUDIO 8410 NW 53RD TERRACE, SUITE 112 MIAMI FL 33166			
MGR DA CUNHA NETO, JOAO RODRIGUES 8410 NW 53RD TERRACE, SUITE 112 MIAMI FL 33166			

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**Manager 1/8/02**

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

Date

Daytime Phone #

CR2E083 (9/01)