LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

04-30-2002 90033 009 ***158.75
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000006718

1. Entity Name

E-CAPITAL TRADE, LLC

Principal Place of Business	Mailing Address
1111 Brickell Bay Drive #2707 Miami, Fl 33131	11617 NW 62ND Terrace #424 Miami, Fl 33178

2. Principal Place of Business	3. Mailing Address
11617 NW 62ND Terrace	11617 NW 62ND Terrace
Suite, Apt. #, etc.: # 424	Suite, Apt. #, etc.: # 424
City & State: ~~MIAMI, FLORIDA 33178~~	City & State: ~~MIAMI, FLORIDA~~
Zip: 33178 / Country: MIAMI-DADE	Zip: 33178 / Country: MIAMI-DADE

4. FEI Number 65-1102303 ☐ Applied For ☐ Not Applicable

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
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134	Name: Victor Hugo Rodriguez A. Street Address (P.O. Box Number is Not Acceptable): 11617 NW 62ND Terrace #424 City: MIAMI FL Zip Code 33178

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

MANAGING MEMBERS/MANAGERS ☐

11.			12.		
TITLE	MGR	☐ Delete	TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	VICTOR HUGO RODRIGUEZ		NAME	VICTOR HUGO RODRIGUEZ	
STREET ADDRESS	1111 Brickell Bay Drive #2707		STREET ADDRESS	11617 NW 62ND Terrace #424	
CITY-ST-ZIP	MIAMI, FLORIDA 33178		CITY-ST-ZIP	MIAMI, FLORIDA 33178	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 #