

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90580 040 \*\*\*\*55.00

002177

**DOCUMENT # L01000006718**

1. Entity Name

**E-CAPITAL TRADE, LLC**



Principal Place of Business

1111 BRICKELL BAY DR., STE. 2707  
MIAMI FL 33131

Mailing Address

11617 NW 62ND TERRACE, #424  
MIAMI FL 33178

2. Principal Place of Business

10773 NW 58 STREET

3. Mailing Address

10773 NW 58 STREET

Suite, Apt. #, etc.

STE. # 97.

Suite, Apt. #, etc.

STE. # 97.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33178

Country

USA.

Zip

33178

Country

USA.

4. FEI Number

65-1102303

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

RODRIGUEZ A, VICTOR HUGO  
11617 NW 62ND TERRACE, E424  
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name **VICOR HUGO RODRIGUEZ A.**

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

10773 NW 58 STREET STE 97.

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. 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RODRIGUEZ, VICTOR HUGO</b> <b>11617 NW 62ND TERRACE, E424</b> <b>MIAMI FL 33178</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Presidente</b> <b>Vicor Hugo Rodriguez</b> <b>10773 NW 58 STREET #97.</b> <b>MIAMI FLORIDA 33178</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Alejandro Rodriguez</b> <b>10773 NW 58 STREET #97</b> <b>MIAMI, FLORIDA 33178.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

04/29/2003

Date

786-2975200

Daytime Phone #

CR2E083 (10/02)