

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90270 010 ***150.00

DOCUMENT # **L01000020412**

1. Entity Name

TRAIGOTODO.COM, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4702 N.W. 115 Terr.

3. Mailing Address

4702 N.W. 115 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coral Springs FL

City & State
Coral Springs FL

4. FEI Number
45-0491421

Applied For
Not Applicable

Zip
33076

Country
Broward

Zip
33076

Country
Broward

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
Zulma Romero

Street Address (P.O. Box Number is Not Acceptable)
4702 N.W. 115 Terr.

City
Coral Springs **FL** Zip Code
33076

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

4/28/03

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
**NGRA
MONICA BART Hernandez
21 SE. 18th AVE 10th Floor
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.P.
Jose M. Sanchez
8300 N.W. 74 Terr.
Tamarac FL 33321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**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

Date

Daytime Phone #

4/28/03 D/Presd.

CR2E034B (12/02)