

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L18999

1. Entity Name

NAPACO TRADING CORP.

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90002 008 \*\*\*150.00

Principal Place of Business

Mailing Address

11117 W OKEECHOBEE RD  
STE 201  
HIALEAH GARDENS FL 33018  
US

11117 W OKEECHOBEE RD  
STE 201  
HIALEAH GARDENS FL 33018-4211  
US

2. Principal Place of Business

11117 West Okeechobee Rd. 1112 Weston Rd.

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

# 206

City & State

Hialeah Gardens FL

City & State

Weston FL

Zip

33018

Country

U.S.A.

Zip

33326

Country

U.S.A.

4. FEI Number

65-0157161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ESTREMER, OMAIRA  
2088 ISLAND CIRCLE  
FT. LAUDERDALE FL 33326

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME ESTREMER, FRANCISCO J.  
STREET ADDRESS 2088 ISLAND CIRCLE  
CITY-ST-ZIP FT. LAUDERDALE FL 33326

TITLE VD ☐ Delete  
NAME ESTREMER, OMAIRA  
STREET ADDRESS 2088 ISLAND CIRCLE  
CITY-ST-ZIP FT. LAUDERDALE FL 33326

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *O. Estremer* Omaira Estremer VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/00

Date

(305) 828-1995

Daytime Phone #

CR2EX14 (1/99)