

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L18999**

1. Entity Name

**NAPACO TRADING CORP.****FILED****Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90440 023 \*\*\*150.00

Principal Place of Business

Mailing Address

11117 W OKEECHOBEE RD  
STE 201  
HIALEAH GARDENS FL 33018  
US11117 W OKEECHOBEE RD  
STE 201  
HIALEAH GARDENS FL 33018  
US**B0025278**

2. Principal Place of Business

3. Mailing Address

2088 Island Circle1112 Weston Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 206

City &amp; State

City &amp; State

Weston FL

Weston FL

4. FEI Number **65-0157161**

Applied For

Not Applicable

Zip

Country

33326

U.S.A.

Zip

Country

33326

U.S.A.

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

**ESTREMER, OMAIRA**  
**2088 ISLAND CIRCLE**  
**FT. LAUDERDALE FL 33326**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESTREMER, FRANCISCO J. 2088 ISLAND CIRCLE FT. LAUDERDALE FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESTREMER, OMAIRA 2088 ISLAND CIRCLE FT. LAUDERDALE FL 33326	<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
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Estremera VP

04/03/2001 (954)389-7855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)