

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L88502

1. Entity Name

WALPEX TRADING CO., INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90022 007 \*\*\*150.00

Principal Place of Business

Mailing Address

75 SW 8TH ST.  
STE. 400  
MIAMI FL 33130  
US

75 SW 8TH ST.  
STE. 400  
MIAMI FL 33130-3023  
US

2. Principal Place of Business

1320 S. Dixie Hwy (U.S. 1)

3. Mailing Address

1320 S. Dixie Hwy (U.S. 1)

Suite, Apt. #, etc.

Suite 700

Suite, Apt. #, etc.

Suite 700



DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0212555

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

33146

Country

USA

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

PIRAINO, FRANK W

75 SW 8TH ST.  
STE. 400  
MIAMI FL 33130

1320 S. DIXIE HWY (U.S. 1)  
SUITE 700  
CORAL GABLES, FL 33146

Name

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

1320 S. DIXIE HWY (U.S. 1)  
SUITE 700

City

CORAL GABLES, FL

Zip Code

33146

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

2/18/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME PIRAINO, FRANK W  
STREET ADDRESS 75 SW 8TH ST. STE. 400  
CITY-ST-ZIP MIAMI FL 33130-3023

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1320 S. DIXIE HWY (U.S. 1), SUITE 700  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 18 2000

Date

Daytime Phone #

305-662-9744

CR2E034 (9/99)