

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L88502

1. Entity Name  
**WALPEX TRADING CO., INC.**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90149 024 \*\*\*150.00

Principal Place of Business

1320 S DIXIE HWY (US 1)  
STE 700  
CORAL GABLES FL 33146  
US

Mailing Address

1320 S DIXIE HWY (US 1)  
STE 700  
CORAL GABLES FL 33146  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1320 Dixie Hwy (US 1)  
Suite, Apt. #, etc.  
700

3. Mailing Address

Suite, Apt. #, etc.  
Same

City & State

Coral Gables, FL

City & State

City & State

4. FEI Number

65-0212555

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

Zip

Country

Country

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

PIRANO, FRANK W  
1320 S DIXIE HWY (US 1)  
STE 700  
CORAL GABLES FL 33146

Name

Same  
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]*

APR - 5 2001

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 X**

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 **PIRANO, FRANK W**  
STREET ADDRESS **1320 S DIXIE HWY (US 1) STE 700**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

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]*

Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR - 5 2001

Date

305-662-9744

Daytime Phone #

CR2E034 (10/00)