2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006494

1. Entity Name

EAST TRADING CENTER, LLC

FILED
01 MAY 29 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1290 Weston Rd., # 218 Weston, FL 33326	1290 Weston Rd, #218 Weston, FL 33326

2. Principal Place of Business	3. Mailing Address
1290 Weston Rd.	1290 Weston Rd.
Suite, Apt. #, etc. # 218	Suite, Apt. #, etc. # 218
City & State Weston, FL	City & State Weston, FL
Zip 33326 Country U.S.A.	Zip 33326 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0957901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

Andrew Cuevas, Esq.
536 Biltmore Way
Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name: Andrew Cuevas Esq.
Street Address (P.O. Box Number is Not Acceptable): 536 Biltmore Way
City: Coral Gables FL Zip Code: 33134

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: Andrew Cuevas
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MATA, ERNESTO 1290 Weston Road, #218 Weston, FL 33326 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MATA, Ernesto 1290 Weston Road, #218 Weston, FL 33326 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DE MATA, MARIA del C. 2500 Weston Rd., # 105 Weston, FL 33331 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DE MATA, MARIA del C. 2500 Weston Rd, #105 Weston, FL 33331 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100004421091---1 -06/14/01--01118--017 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #