

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN 23 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009373

1. Entity Name

WORLD SOCCER TRADES, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

1221 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 1740

City & State

MIAMI, FLORIDA

Zip

33131

Country

U.S.A.

3. Mailing Address

1221 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 1740

City & State

MIAMI, FLORIDA

Zip

33131

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-1017140

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

GONZALO GIL

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

1221 BRICKELL AVE. STE 1740

City

MIAMI

FL

Zip Code

33131

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

5/1/2000

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

PRESIDENT  
GONZALO GIL, MGRM  
1221 BRICKELL AVE., STE 1740  
MIAMI, FL 33131

☐ Delete

VICE-PRESIDENT  
ESTEBAN ARCE  
1221 BRICKELL AVE., STE 1740  
MIAMI, FL 33131

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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I, 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 OR MANAGER

Date

Daytime Phone #

5/1/2000

(305) 533-1541

CR2E083 (11/99)