

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90124 006 ***750.00

DOCUMENT # M34452

1. Entity Name

NEW TRADERS OF AMERICA INC.

Principal Place of Business

**20801 BISCAYNE BLVD., STE. 403
 AVENTURA FL 33180**

Mailing Address

**20801 BISCAYNE BLVD., STE. 403
 AVENTURA FL 33180**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2801 NE 183rd #W2109

Suite, Apt. #, etc.

2801 NE 183rd #W2109

City & State

Aventura Florida

City & State

Aventura, Florida

Zip

33160

Country

USA

Zip

33160

Country

USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RIVERA, ROBERTO B

**20801 BISCAYNE BLVD., STE. 403
 AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name

Geoffrey R. Gooch

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

2801 NE 183rd #W2109

City

Aventura

FL

Zip Code
33160

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Geoffrey R. Gooch CEO/Pres. 8/23/02

(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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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	<input checked="" type="checkbox"/> Delete
NAME	RIVERA, ROBERTO B	
STREET ADDRESS	20801 BISCAYNE BLVD., STE. 403	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geoffrey R. Gooch	
STREET ADDRESS	2801 NE 183rd #W2109	
CITY-ST-ZIP	Aventura, FL 33160	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roxana V. Rivera	
STREET ADDRESS	2801 NE 183rd #W2109	
CITY-ST-ZIP	Aventura, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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 REQUIRED Geoffrey R. Gooch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/02

Date

305-466-1741

Daytime Phone #