2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90844 047 ***150.00

DOCUMENT # M53924

1. Entity Name

EVERYTRADE COMPANY

Principal Place of Business	Mailing Address
465 S ROYAL PONCIANA BLVD #4B MIAMI SPRINGS FL 33166 US	465 S ROYAL PONCIANA BLVD #4-B MIAMI SPRINGS FL 33166-7254 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
465 S ROYAL PONCIANA BLVD	465 S ROYAL PONCIANA BLVD
Suite, Apt. #, etc.: SUITE 1A	Suite, Apt. #, etc.: SUITE 1A
City & State: MIAMI SPRINGS, FL	City & State: MIAMI SPRINGS, FL
Zip: 33166 Country: MIAMI-DADE	Zip: 33166 Country: MIAMI-DADE

4. FEI Number: 59-2813798 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DE LARIVA-AGUERO, JOSE
465 S. ROYAL PONCIANA BLVD #4-B
MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable): 465 S. ROYAL POINCIANA BLVD #1A

City: MIAMI SPRINGS FL Zip Code: 33166

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD DE LA RIVA AGUERO, JOSE 465 S. POINCIANA BLVD STE 1A MIAMI SPRINGS FL 33166 ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 — APR 25/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TYPE OF LA RIVA AGUERO

CR2E034 (9/99)