

2001 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
May 29, 2001 8:00 am
Secretary of State

05-02-2001 90160 037 ***150.00

DOCUMENT # P00000019707

1. Entity Name
TOTAL TRADERS AND MARKETING SERVICES, INC.

Principal Place of Business
1871 W 62 ST. #130
HALEAH FL 33012

Mailing Address
1871 W 62 ST. #130
HALEAH FL 33012

5578



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13828 S.W. 157 ST.

3. Mailing Address
13828 S.W. 157 ST.

Subtle, Apt. #, etc.

City & State
MIAMI FLA

City & State
MIAMI FLA

4. FEI Number
522230094

Applied For
 Not Applicable

Zip
33177

Country
QAD5

Zip
33177

Country
QAD5

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

6. Name and Address of Current Registered Agent
LOPEZ, HUMBERTO C
1871 W 62 ST. #130
HALEAH FL 33012

7. Name and Address of New Registered Agent
 Name
LOPEZ HUMBERTO C.
 Street Address (P.O. Box Number is Not Acceptable)
13828 S.W. 157 ST.
 City
MIAMI FL Zip Code **33177**

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 DATE **4/25/01**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	DP LOPEZ, ISRAEL C 1871 W 62 ST. #130 HALEAH FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOPEZ, Israel D. 13828 S.W. 157 St. Miami FL, 33177 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOPEZ, ERNESTO J 1871 W 62 ST. #130 HALEAH FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Lopez, Ernesto J. 13828 SW. 157 St. Miami FL, 33177. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOPEZ CESAR H. 13828 S.W. 157 ST. MIAMI FL. 33177 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE **4-25-01** DAYTIME PHONE # **305-256-3727**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)