

# 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

Mailing Address

1871 W 62 ST. #130  
 HIALEAH FL 33012

1871 W 62 ST. #130  
 HIALEAH FL 33012

2. Principal Place of Business

13828 S.W. 157 ST.

3. Mailing Address

13828 S.W. 157 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FLA

4. FEI Number

522230094

Applied For

Not Applicable

Zip

33177

Country

0405

Zip

33177

Country

0405

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  
 HIALEAH 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

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

(NOTE: Registered Agent signature required when reinstating)

4/25/01  
 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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	LOPEZ, ISRAEL C	
STREET ADDRESS	1871 W 62 ST. #130	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LOPEZ, ERNESTO J	
STREET ADDRESS	1871 W 62 ST. #130	
CITY-ST-ZIP	HIALEAH FL 33012	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, Israel D.	
STREET ADDRESS	13828 S.W. 157 ST.	
CITY-ST-ZIP	Miami FL, 33177	
TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, Ernesto J.	
STREET ADDRESS	13828 S.W. 157 ST.	
CITY-ST-ZIP	Miami FL, 33177	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, CESAR H.	
STREET ADDRESS	13828 S.W. 157 ST.	
CITY-ST-ZIP	MIAMI FL 33177	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

305-256-3727

Daytime Phone #

CR2E034 (10/00)