

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072519

1. Entity Name
LIGHTNING TRADE CORPORATION

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90229 041 ***150.00

Principal Place of Business
**2588 S.W. 27TH AVENUE
MIAMI FL 33133**

Mailing Address
**2588 S.W. 27TH AVENUE
MIAMI FL 33133**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **65-1030729**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JARRIN, OSWALDO D
8251 NW 8TH ST
SUITE 535
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **Almeida, Sandy**

Street Address (P.O. Box Number is Not Acceptable)
8261 NW 8th St. Ste. #535

City **Miami** FL Zip Code **33126**

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, 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 **PD** ☐ Delete
NAME **ESPINOSA, JUAN C**
STREET ADDRESS **8251 SW 8TH ST. SUITE 535**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **SD** ☒ Delete
NAME **DE SANCHEZ, MONICA P**
STREET ADDRESS **8251 SW 8TH ST. SUITE 535**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **VD** ☒ Delete
NAME **JARRIN, OSWALDO D**
STREET ADDRESS **8251 SW 8TH ST. SUITE 535**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8261 NW 8th St. Ste. #535**
CITY-ST-ZIP **Miami, FL 33126**

TITLE ☐ Change ☒ Addition
NAME **Almeida, Sandy**
STREET ADDRESS **8261 NW 8th St. Ste. #535**
CITY-ST-ZIP **Miami, FL 33126**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)