

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074291

1. Entity Name

PL COMMERCE & TRADE, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90259 023 ***150.00

Principal Place of Business

25 S.E. 2ND AVENUE
SUITE 1235
MIAMI FL 33131

Mailing Address

25 S.E. 2ND AVENUE
SUITE 1235
MIAMI FL 33131

2. Principal Place of Business

9761 NW 48 TER

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-1072999

Applied For

Not Applicable

Zip

Country

33178

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTOS, MAURO C
25 S.E. 2ND AVENUE
SUITE 1235
MIAMI FL 33131

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DE FIGUEIREDO, PETRONIO NEY V**
STREET ADDRESS **AVENDIA SANTOS DUMONT NO. 3665 APT. 102 BL**
CITY-ST-ZIP **FORTALEZA, CEARA, BRAZIL**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DE FIGUEIREDO, PAULA TACIANA V**
STREET ADDRESS **AVENDIA SANTOS DUMONT NO. 3665 APT. 102 BL**
CITY-ST-ZIP **FORTALEZA, CEARA, BRAZIL**

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

TITLE **D** ☒ Delete
NAME **TELLES GONCALVES, LUCIANA HELENA**
STREET ADDRESS **AVENDIA SANTOS DUMONT NO. 3665 APT. 102 BL**
CITY-ST-ZIP **FORTALEZA, CEARA, BRAZIL**

☐ Change ☐ Addition
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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)