

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91192 050 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000076993			
1. Entity Name LION TRADING CORP.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 14070 SW 33RD CT.		3. Certificate of Status Desired ☐ \$6.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Zip 33330 Country USA		Zip 33330 Country USA	
4. State of Incorporation FLORIDA		5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required	
Zip 33330 Country USA		Zip 33330 Country USA	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name CARLOS DEL VALLE			
Street Address (P.O. Box Number is Not Acceptable) 14070 SW 33RD CT			
City DAVIE FL Zip 33330			
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 CARLOS DEL VALLE DATE 4/30/02			
Signature, typed or printed name of registered agent, and fee 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. (See criteria on back) ☒ January 1 - May 1 Fee \$150.00 After May 1 Fee \$250.00 Amended UBR fee \$51.25 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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D DEL VALLE CARLOS 14070 SW 33RD COURT DAVIE FL 33330		DO NOT WRITE IN THIS SPACE	
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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)(b), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: CARLOS DEL VALLE		DATE 4/30/02	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
CARLOS DEL VALLE		PRESIDENT	

CR2E034B (12/01)