

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91056 039 ***150.00

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DOCUMENT # P00000082794



1. Entity Name
TRADING SOLUTIONS, INC.

Principal Place of Business
8900 NW 53RD CT.
SUNRISE FL 33351

Mailing Address
8900 NW 53RD CT
SUNRISE FL 33351



2. Principal Place of Business

3. Mailing Address

761 N Pine Island Road

761 N Pine Island Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

213

213

City & State

City & State

Plantation, FL

Plantation, FL

Zip

Country

Zip

Country

33324

33324

4. FEI Number 65-1041394

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALFONSO, OSCAR
8900 NW 53RD CT.
SUNRISE FL 33351

Name

ALFONSO, OSCAR

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

761 N Pine Island Road

APT # 213

City

Plantation

FL

Zip Code

33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **ALFONSO, ROQUE S**
STREET ADDRESS **8900 NW 53RD CT.**
CITY-ST-ZIP **SUNRISE FL 33351**

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

TITLE **V** ☐ **Delete**
NAME **VILLAMIZAR, INES**
STREET ADDRESS **8900 NW 53RD CT.**
CITY-ST-ZIP **SUNRISE FL 33351**

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

TITLE **ST** ☐ **Delete**
NAME **ALFONSO, OSCAR**
STREET ADDRESS **8900 NW 53RD COURT**
CITY-ST-ZIP **SUNRISE FL 33351**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **SECRETARY/TREASURER**
SIGNATURE REQUIRED

04/18/03 (954) 8687297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)