

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90166 050 \*\*\*150.00

0240645

**DOCUMENT # P00000083029**

1. Entity Name  
**NESTOR TRADING, CORP.**

Principal Place of Business  
**501 S. FEDERAL HWY. #203**  
**FT. LAUDERDALE FL 33301**

Mailing Address  
**501 S. FEDERAL HWY. #203**  
**FT. LAUDERDALE FL 33301**

100001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**501 S. FEDERAL HWY**

3. Mailing Address  
**501 S. FEDERAL HWY**

Suite, Apt. #, etc.  
**201**

Suite, Apt. #, etc.  
**201**

City & State  
**FT. LAUDERDALE FL**

City & State  
**FT. LAUDERDALE FL**

4. FEI Number  
**65-1041825**

Applied For  
 Not Applicable

Zip  
**33301** Country  
**USA**

Zip  
**33301** Country  
**USA**

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**

**RUSSO, GABRIELA M**  
**501 S. FEDERAL HWY. #203**  
**FT. LAUDERDALE FL 33301**

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 *Gabriela Russo*  
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

03/20/01  
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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>RUSSO, GABRIELA M</b> <b>501 S. FEDERAL HWY. #203</b> <b>FT. LAUDERDALE FL 33301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TVPD</b> <b>NESTOR, JORGE J.C.</b> <b>501 S. FEDERAL HWY. #203</b> <b>FT. LAUDERDALE FL 33301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gabriela Russo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/01 (954) 523-5474  
Day Daytime Phone #

CR2E034 (10/00)