

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90002 001 \*\*\*150.00

**DOCUMENT # P00000084964**

1. Entity Name

FM TRADING GROUP, CORP.

Principal Place of Business

2460 E COMMERCIAL BLVD.  
 FORT LAUDERDALE FL 33308

Mailing Address

2460 E COMMERCIAL BLVD.  
 FORT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

651 NW 208 Circle

1290 Weston Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210

City & State

City & State

Pembroke Pines

Weston FL

Zip

33029

Country

USA

Zip

33326

Country

USA

4. FEI Number

65-1040173

Applied For

Not Applicable

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

GLOBAL BUSINESS SOLUTIONS GROUP CORP.  
 1290 WESTON ROAD  
 SUITE 210  
 FORT LAUDERDALE FL 33326

Name

GBS CONSULTANTS

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

1290 Weston Rd Suite 210

City

Weston

FL

Zip Code

33326

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

*Mauricio Pardo*

03/08/02

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, 2002 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	PT	<input type="checkbox"/> Delete
NAME	PARDO, MAURICIO	
STREET ADDRESS	2460 E COMMERCIAL BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HURTADO, FRANCISCO J	
STREET ADDRESS	1515 E. BROWARD BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MONTOYA, GLORIA	
STREET ADDRESS	651 NW 208 CR	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pardo, Mauricio	
STREET ADDRESS	751 N. Pine Island Rd. #106	
CITY-ST-ZIP	Plantation FL 33324	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hurtado, Francisco J.	
STREET ADDRESS	751 N. Pine Island Rd. #106	
CITY-ST-ZIP	Plantation FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

*Mauricio Pardo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-2406787

CR2E034 (9/01)