## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: #

## May 16, 2001 8:00 am Secretary of State DOCUMENT # P0000088367 1. Entity Name F & Q TRADERS, INC. 05-16-2001 90014 007 \*\*\*150.00 Principal Place of Business Mailing Address 940-NW 154TH LN 1940 NW-154TH LN PEMBROKE-PINES FL 33028-PEMBROKE-PINES-FL 33026 2. Principal Place of Business 3. Mailing Address 7130 SW 7130SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1045279 11RAMAR MIRAMAR Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired *330*27 125H Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERNANDEZ, FABIO Street Address (P.O. Box Number is Not Acceptable) 1940 NW 154TH LN PEMBROKE PINES FL 33028 36 CT 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) -EILE.NOW!!!L FEE\_IS \$150.00 9. This corporation is eligible to satisfy its Intangible . 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) PTD ☐ Addition ☐ Delete TITLE TITLE QUESADA, JUAN A NAME NAME 17130 SW 36 CT HIRAHAR, FL 33027 STREET ADDRESS STREET ADDRESS 1340 NW-154TH-LN-CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 --Change ☐ Addition **VPSD** ☐ Delete TITLE FERNANDEZ, FABIO NAME NAME 17130 SW 36CT STREET ADDRESS STREET ADDRESS 1340 NW 154TH LN MIRAHAR, FL 33027 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS 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.

FILED