

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

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

05-21-2002 90888 014 ***158.75

DOCUMENT #

1. Entity Name NUM: P60000097333

TRADING 2 DAY INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

338 MAJORCA AVE

Suite, Apt. #, etc.

SUITE 4

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Address

338 MAJORCA AVE

Suite, Apt. #, etc.

SUITE 4

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

4. FEI Number

65-1052400

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ESTER VILATOBA

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

338 MAJORCA AVE #4

City

CORAL GABLES

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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	DIRECTOR
NAME	ESTER VILATOBA
STREET ADDRESS	338 MAJORCA AVE #4
CITY- ST- ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
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STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ESTER VILATOBA

April 30, 2002

Date

(305) 774 0103

Daytime Phone #

CR2E0348 (12/01)