

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000110992**

1. Entity Name

SERTRADING CORP.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90045 006 ***150.00

Principal Place of Business

~~1717 N BAYSHORE R. STE 102
MIAMI FL 33132~~

Mailing Address

~~1717 N BAYSHORE R. STE 102
MIAMI FL 33132~~

2. Principal Place of Business

140 BONAVENTURE BLVD.

3. Mailing Address

140 BONAVENTURE BLVD.

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

208

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

65-1082021

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

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

~~BEDARD, DENNIS R~~

~~1717 N BAYSHORE R. STE 102
MIAMI FL 33132~~

Name

JOSE A. MATA

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

140 BONAVENTURE BLVD. # 208

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

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, 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 **P** ☒ Delete
NAME **FIORE, ROBERTO**
STREET ADDRESS **1717 N BAYSHORE R, STE 102**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **P.** ☒ Change ☐ Addition
NAME **JOSE A. MATA**
STREET ADDRESS **140 BONAVENTURE BLVD. # 208**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01 (954) 3855854
Date Daytime Phone #

CR2E034 (10/00)