

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90039 003 ***150.00

DOCUMENT # P00000111759

1. Entity Name
CISPR TRADING CORPORATION

Principal Place of Business
1864 SALERNO CIRCLE
WESTON FL 33327

Mailing Address
1864 SALERNO CIRCLE
WESTON FL 33327



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
169 E. Flager St.
 Suite, Apt. #, etc.
SUITE 153A

3. Mailing Address
169 E. Flager St.
 Suite, Apt. #, etc.
SUITE 153A

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip **33131** **Country** **USA**

Zip **33131** **Country** **USA**

4. FEI Number **65-1058978**

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

HOYOS, MAITE
1101 BRICKELL AVENUE
SUITE 704
MIAMI FL 33131

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 _____ 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 **D** ☐ **Delete**
NAME **SALVATIERRA, CARLOS PULIDO**
STREET ADDRESS **1864 SALERNO CIRCLE**
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ **Delete**
NAME **GARCIA, CARLOS PULIDO**
STREET ADDRESS **1864 SALERNO CIRCLE**
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARCIA, CARLOS PULIDO

01/10/2002

Date

(305) 960-1118

Daytime Phone #

CR2E034 (9/01)