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Jul 05, 2001 8:00 am
Secretary of State
05-22-2001 90036 031 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112011

1. Entity Name
CRIE TRADING INC

Principal Place of Business | Mailing Address
13205 SW 137AVE STE 109
MIAMI FL. 33186

[redacted]

2. Principal Place of Business	3. Mailing Address
13205 SW 137 AVE	SAME
Suite, Apt. #, etc. 109	Suite, Apt. #, etc.
City & State MIAMI FL.	City & State
Zip 33186 / Country USA	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: Applied For — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FRANK VILDOSOLA
3900 NW 79 AVE STE 567
MIAMI FL. 33166

7. Name and Address of New Registered Agent
Name: DIXON GUTIERREZ
Street Address (P.O. Box Number is Not Acceptable): 13205 SW 137AVE STE 109
City: MIAMI FL Zip Code: 33186

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 ________ 04/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW! FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FRANCISCO CRUZ Rodriguez ☐ Delete 13205 SW 137AVE STE 109 MIAMI FL. 33186 DIRECTOR	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIXON Gutierrez ☐ Delete 13205 SW 137AVE STE 109 MIAMI FL 33186 DIRECTOR	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (11/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ________ FRANCISCO CRUZ RODRIGUEZ 04/26/01 (786)293-9257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #