

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90664 010 ***150.00

0015783 AV

DOCUMENT # P01000022346

1. Entity Name
H.G.L. TRADING, INC.

Principal Place of Business

**48 B BRENNAR LANE
 PALM COAST FL 32137**

Mailing Address

**48 B BRENNAR LANE
 PALM COAST FL 32137**

2. Principal Place of Business

48A BRENNAR LANE

Suite, Apt. #, etc.

3. Mailing Address

48A BRENNAR LANE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM COAST FL

City & State

PALM COAST FL

4. FEI Number

65-1087242

Applied For

Not Applicable

Zip

32137

Country

USA

Zip

32137

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GUZMAN, JOSEPHINE CLA
 1800 SW 1 STREET #208
 MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name **MARTHA FEDELE**

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

2 OFFICE PARK DR

SUITE A-3

City

PALM COAST

FL

Zip Code

32137

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

4-4-02

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HURTADO, HECTOR A	
STREET ADDRESS	48 B BRENNAR LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HURTADO, IVAN	
STREET ADDRESS	48 B BRENNAR LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HURTADO, CARMEN GARCIA	
STREET ADDRESS	48 B BRENNAR LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HURTADO, MARIA LOPEZ	
STREET ADDRESS	48 B BRENNAR LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2002 3864476181

Date

Daytime Phone #

CR2E034 (9/01)