

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

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

05-10-2002 90040 022 ***158.75

DOCUMENT # *P01000030438*

1. Entity Name

XYZ TRADING GROUP, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7340 NW 14 ST

3. Mailing Address

P.O BOX 200361

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PLANTATION FL

City & State

PEMBROKE PINES FL

4. FEI Number

65-1095601

☐ Applied For

☐ Not Applicable

Zip

Country

33322 USA

Zip

Country

33026 USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

GONZALO OCAMPO

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

7840 N.W 14 ST

City

PLANTATION

FL

Zip Code

33322

**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

Jessica Ocampo SEC. TREAS.

Jessica Ocampo T 04-29-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required)

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 \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

*P
Gonzalo Ocampo
7840 NW 14 ST
PLANTATION FL 33322*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*V
MICHEL FATTAL
CARRERA 7 # 181
MATURIN MONAGAS, VENEZUELA*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*J
JESSICA A OCAMPO
7840 NW 14 ST
PLANTATION FL 33322*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

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STREET ADDRESS

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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

GONZALO OCAMPO

4-29-02 (954) 804 33 49

Date

Daytime Phone #

CR2E034B (12/01)