

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90072 029 ***150.00

0169933 AV

DOCUMENT # P01000030438

1. Entity Name
X Y Z TRADING GROUP, INC.



Principal Place of Business
**7840 NW 14 STREET
PLANTATION FL 33322**

Mailing Address
**P.O BOX 260361
PEMBROKE PINES FL 33026**



2. Principal Place of Business

5521 NW 74 AV

3. Mailing Address

5521 NW 74 AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-1095601**

Applied For
Not Applicable

Zip
33166

Country
USA

Zip
33166

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

**OCAMPO, GONZALO
7840 NW 14 STREET
PLANTATION FL 33322
NEW HOME ADDRESS
100 KINGS POINT DRIVE #1406
SUNNY ISLES FL 33160**

Name
GONZALO OCAMPO

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

100 KINGS POINT DRIVE APT #1406

City
SUNNY ISLES

FL

Zip Code
33160

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **OCAMPO, GONZALO**
CITY-ST-ZIP **7840 NW 14 STREET
PLANTATION FL 33322**

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

TITLE ☒ Delete
NAME **DV**
STREET ADDRESS **FATTAL, MICHEL**
CITY-ST-ZIP **CARRERA 7 #181
MATURIN MONAGAS, VENEZUELA**

TITLE ☒ Change ☐ Addition
NAME **GLORIA PATRICIA VERA**
STREET ADDRESS **CARRERA 76 #689 APT #402**
CITY-ST-ZIP **CALI-COLOMBIA-SA**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **OCAMPO, JESSICA A**
CITY-ST-ZIP **7840 NW 14 STREET
PLANTATION FL 33322**

TITLE ☒ Change ☐ Addition
NAME **FATTAL, MICHEL**
STREET ADDRESS **CARRERA 7 #181**
CITY-ST-ZIP **MATURIN MONAGAS, VENEZUELA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 607, 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:

SIGNATURE REQUIRED GONZALO OCAMPO

03-31-03 (954) 8043349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)