2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90440 031 ***150.00

DOCUMENT # P01000040092

1. Entity Name
T. JR TRADING CORP.

Principal Place of Business / Mailing Address
5055 NW 7th Street Unit 905
Miami, Florida 33126 SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5055 NW 7 St. Unit 905
Apt. #, etc.
City & State: Miami, Florida
Zip: 33126 Country: Dade

3. Mailing Address
5055 NW 7th St Unit 905
Suite, Apt. #, etc.
City & State: Miami, Florida
Zip: 33126 Country: Dade

4. FEI Number: 65-0759162 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Marco Olarte
Independent Tax Service
1183 W 29th Street
Hialeah, Florida 33012

7. Name and Address of New Registered Agent
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 reinstated) DATE

A 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 Additional

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete ALFONSO TRUJILLO 5055 NW 7th Street Unit 905 Miami, Florida 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

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: [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #