

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90126 022 ***150.00

DOCUMENT # P01000046123

1. Entity Name
AVENTURA TRADING PARTNERS, INC.



Principal Place of Business
**2780 N.E. 183RD ST.
910
AVENTURA FL 33160**

Mailing Address
**2780 N.E. 183RD ST.
910
AVENTURA FL 33160**

2. Principal Place of Business
665 NE 195 ST

3. Mailing Address
665 NE 195 ST

Suite, Apt. #, etc.
317

Suite, Apt. #, etc.
317

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33179

Country
Dade

Zip
33179

Country
Dade



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-7098770

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PILNIK, EDGARDO G
2780 N.E. 183RD ST.
910
AVENTURA FL 33160**

7. Name and Address of New Registered Agent

Name
Edgardo G. Pilnik
Street Address (P.O. Box Number is Not Acceptable)
**665 NE 195 STREET
APT 317**
City
MIAMI FL Zip Code
33179

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

(NOTE: Registered Agent signature required when reinstating)

03/03/2003

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PILNIK, EDGARDO G 2780 N.E. 183RD ST. #910 AVENTURA FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pilnik, Edgardo G. 665 NE 195 STREET, APT 317 MIAMI, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/2003 (305) 453-3467

Date Daytime Phone #

CR2E034 (10/02)