

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90780 032 ***150.00

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DOCUMENT # P01000047939

1. Entity Name
RIMA TRADING USA, INC.



Principal Place of Business
**10350 SW 64TH ST
MIAMI FL 33173**

Mailing Address
**10350 SW 64TH ST
MIAMI FL 33173**

2. Principal Place of Business
3813 SW 8 ST

3. Mailing Address
3813 SW 8 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
COV Gables FL

City & State
COV Gables, FL

Zip
33134 Country
DADE

Zip
33134 Country
DADE

4. FEI Number
65-1102862

Applied For
Not Applicable

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

**ESTIL-LAS, MARLENE
10350 SW 64TH ST
MIAMI FL 33173**

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. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ESTIL-LAS, MARLENE
10350 S.W. 64TH ST
MIAMI FL 33173** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
Padilla, Jose FINA C
3813 SW 8 ST
COV Gables, FL 33134** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

Jose Padilla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03
Date

(305) 443-2833
Daytime Phone #

CR2E034 (10/02)