

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90023 039 ***150.00

DOCUMENT # P01000052789

1. Entity Name
THE CISNERO'S GROUP TRADING, INC.

Principal Place of Business
4815 NW 79TH AVE. SUITE #11
MIAMI FL 33166

Mailing Address
4815 NW 79TH AVE. SUITE #11
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4815 N.W. 79th AVE.

Suite, Apt. #, etc.

8

City & State
MIAMI FL

Zip
33166

Country

3. Mailing Address
4815 N.W. 79th AVE.

Suite, Apt. #, etc.

8

City & State
MIAMI FL

Zip
33166

Country

4. FEI Number
65-1108200

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CISNERO, OMAR
4815 NW 79TH AVE, SUITE #11
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name
CISNERO, OMAR
 Street Address (P.O. Box Number is Not Acceptable)
4815 N.W. 79th AVE SUITE 8
 City **MIAMI FL** Zip Code **33166**

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 **OMAR CISNERO PRESIDENT** **01-15-02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This 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 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **CISNERO, OMAR**
 STREET ADDRESS **4815 NW 79TH AVE, SUITE #11**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **CISNERO OMAR**
 STREET ADDRESS **4815 N.W. 79th AVE ST- 8**
 CITY-ST-ZIP **MIAMI FL 33166**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-02

Date

Daytime Phone #

CR2E034 (9/01)