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Secretary of State

05-02-2002 90114 035 ***150.00

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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000054175

1. Entity Name

Nage Trading, Corp.

DO NOT WRITE IN THIS SPACE

91640

2. Principal Place of Business
7465 S.W. 162 pl.
Suite, Apt. #, etc.
City & State: Miami, FL.
Zip: 33193 Country: USA

3. Mailing Address
7465 S.W. 162 pl.
Suite, Apt. #, etc.
City & State: Miami FL.
Zip: 33193 Country: USA

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4. FEI Number: 65-1108040 Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Nelson Gonzalez
Street Address (P.O. Box Number is Not Acceptable): 7465 S.W. 162 Place
City: Miami FL 33193

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. Date. Registered Agent's acceptance (signature) and date.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. See criteria on back) ☐

Filing Fees: Monthly Fee is $150.00; Annually Fee is $550.00; Amended UBR is $61.25. Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund contribution ☐ $5.00 Max Per Officer/Director

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT	TITLE
NAME: Nelson Gonzalez	NAME
STREET ADDRESS: 7465 S.W. 162 Place	STREET ADDRESS
CITY-ST-ZIP: Miami, FL. 33193	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
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CITY-ST-ZIP	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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. Further, I hereby 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 a director or officer 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/18/02.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR