

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90376 038 ***150.00

DOCUMENT # P01000070285

1. Entity Name

I & G TRADING CORP.

DO NOT WRITE IN THIS SPACE

11038513

2. Principal Place of Business

7040 SW 18th ST

Suite, Apt. #, etc.

3. Mailing Address

7040 SW 18th ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PLANTATION, FLORIDA

City & State

PLANTATION, FLORIDA

4. FEI Number

65-1124916

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

ALLAN DOYLE

Street Address (P.O. Box Number is Not Acceptable)

175 FONTAINEBLEAU BLVD

STE 1-B

City

MIAMI

FL

Zip Code

33172

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRESIDENT/DIRECTOR IRMA GONZALEZ 7040 SW 18th ST PLANTATION, FL 33317	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #