

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90160 034 \*\*\*150.00

**DOCUMENT # P01000080803**

1. Entity Name

**MIRABEL TRADING INC.**

Principal Place of Business

**3600 S.W. 139TH AVENUE  
 MIRAMAR FL 33027**

Mailing Address

**3600 S.W. 139TH AVENUE  
 MIRAMAR FL 33027**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1141 269**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CASTRO, JOSE  
 3600 S.W. 139TH AVENUE  
 MIRAMAR FL 33027**

7. Name and Address of New Registered Agent

Name

**ROBERTO F. BALDOR**

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

**3600 SW 139 Avenue**

**Miramar**

City

**FL**

Zip Code

**33027**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/27/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CASTRO, JOSE</b>	
STREET ADDRESS	<b>3600 S.W. 139TH AVENUE</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33027</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BALDOR, ROBERTO F</b>	
STREET ADDRESS	<b>3600 S.W. 139TH AVENUE</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33027</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**4/27/02 (454) 435-0979**

Date

Daytime Phone #

CR2E034 (9/01)