

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90039 042 ***150.00

DOCUMENT # P01000086810

1. Entity Name
GOGO TTRADING INC.

Principal Place of Business
1925 BRICKELL AVENUE #1806
MIAMI FL 33129

Mailing Address
1925 BRICKELL AVENUE #1806
MIAMI FL 33129



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1925 Brickell Av #1806

3. Mailing Address
Same

Suite, Apt. #, etc.
Miami - FL

Suite, Apt. #, etc.
Same

City & State

City & State
Same

4. FEI Number
52-2339807

☒ **Applied For**
☐ **Not Applicable**

Zip
33129 Country
USA

Zip
Same Country
Same

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

GOMEZ, ANDREA
1925 BRICKELL AVENUE #1806
MIAMI FL 33129

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.

SIGNATURE _____
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D. GOMEZ, JULIO
1925 BRICKELL AVENUE #1806
MIAMI FL 33129 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D. GOMEZ, ANDREA
1925 BRICKELL AVENUE #1806
MIAMI FL 33129 ☐ Delete

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

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 CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/4/01 (305)858-2634
 Date Daytime Phone #

CR2E034 (9/01)