

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90136 005 ***150.00

DOCUMENT # P01000115807

1. Entity Name
CDJ TRADING, INC.



Principal Place of Business
**540 LA VILLA DRIVE
MIAMI SPRINGS FL 33166**

Mailing Address
**540 LA VILLA DRIVE
MIAMI SPRINGS FL 33166**

2. Principal Place of Business
8947 SW 149 Place
Suite, Apt. #, etc.

3. Mailing Address
8947 SW 149 Place
Suite, Apt. #, etc.

City & State
Miami, FL
Zip
33196
Country
USA

City & State
Miami, FL
Zip
33196
Country
USA

4. FEI Number **65-1157614**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRAVO, CHRISTIAN R
8947 SW 149 PL
MIAMI FL 33196**

7. Name and Address of New Registered Agent

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. 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)

03/17/03
DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **BRAVO, CHRISTIAN R**
STREET ADDRESS **8947 SW 149 PL**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **VD** ☐ Delete
NAME **BRAVO, JAVIER A**
STREET ADDRESS **4251 SW 146 CT**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **SD** ☒ Delete
NAME **BRAVO, DANIEL A**
STREET ADDRESS **540 LA VILLA DRIVE**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 Block 11 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

03/17/03
Date

305-588-4951
Daytime Phone #

CR2E034 (10/02)